

The Caspari Foundation

for educational therapy and therapeutic teaching

MA/PG DIPLOMA IN EDUCATIONAL THERAPY

APPLICATION FORM

Four-year Part-time Training in Educational Therapy for
Teachers and Educational Psychologists

2. SURNAME
FIRST NAME (please give full name)
TITLE: MR / MRS / MS / MISS / DR

3. DATE OF BIRTH
NATIONALITY

4. HOME ADDRESS
.....
.....
.....
TEL NO

4. PRESENT POSITION

5. EMPLOYER'S NAME AND ADDRESS
.....
.....
.....
TEL NO

6. Names and addresses of two referees, one of them the person to whom you
are accountable for your work

.....
.....
.....
.....

12. Any other experience

13. Discuss briefly the ways in which you think this course will be relevant to your present job

14. What do you think may have led you to your present interest in children with learning difficulties?

15. Please outline your educational background and family experience and comment on how these may have influenced your interest in this work

16. What are your other interests?

Signed

Date

Please return completed application form to:

Barbara Lyndon
Programme Organiser
Caspari House
1 Noel Road
London N1 8HQ.

This course is organised by:

Caspari Foundation for Educational Therapy and Therapeutic Teaching

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Because of the need for safeguards in work of this nature, you are asked to complete the following:

(Please delete as appropriate)

I confirm that I do not have a criminal record which might prejudice the interests of clients, educational therapy or the organisation offering placement.

OR

I attach details of convictions to be taken into account.

(Please delete as appropriate)

I confirm that I have not been dismissed from employment/refused membership of a professional body or register in a related field on the grounds of professional misconduct in the UK or abroad.

OR

I attach details of matters or sanctions relating to professional misconduct to be taken into account. All relevant pending criminal proceedings or enquiries are declared on an attached statement.

Signed

Date