

MA/PG DIPLOMA IN EDUCATIONAL PSYCHOTHERAPY

Four Year Part-time Training in Educational Psychotherapy for qualified teachers and others with substantial experience in education.

1 Personal Details

Full name (PLEASE PRINT):		Title (Mr/Mrs/Ms/Miss/Dr):
Sex: Male / Female: *(delete)		
Date of birth (DD/MM/YY):	Nationality:	
Address including full post-code: Post code:		
Daytime Telephone:	Evening Telephone:	Fax:
Mobile:	Email:	

2 Employment

Present Position:	Length of employment:	
Employers Name and Address: Post code:		
Telephone:	Fax:	Email:

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

A large rectangular box with a solid border, containing 20 horizontal dotted lines for writing.

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

A large rectangular box with a solid border, containing 20 horizontal dotted lines for writing.

13 What are your other interests?

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14 Where did you find out about Educational Psychotherapy MA?

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15 Signature

Signature: Date:

Please return completed application form to:

<p>Barbara Lyndon Caspari Foundation Caspari House 1 Noel Road Islington, London N1 8HQ</p>	<p>Tel: (0)20 7704 1977 Fax: (0)20 77041783 Email: casparihouse@btconnect.com www.caspari.org.uk</p>
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Caspari Foundation

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

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

OR

2. I attach details of convictions to be taken into account

(Please delete as appropriate)

1. 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

2. 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.

Signature: Date: