

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:

3 Referees

Please fill in the name, address and contact details of two referees; one of them should be the person to whom you are accountable for your work.

Referee 1	Referee 2
Name:.....	Name:.....
Address:.....	Address:.....
.....
.....Post code.....Post code.....
Tel:	Tel:
Email:	Email:

4 Please list Professional training, with dates.

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5 Do you plan to meet the costs of the course fee wholly or partially yourself or are you likely to obtain financial support from your employing body?

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

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

10 Please outline how your experience of growing up, family life and your own education may have influenced your interest in this work?

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

13 What are your other interests?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

14 Signature

Signature:	Date:
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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: admin@caspari.org.uk www.caspari.org.uk</p>
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Caspari Foundation

MA/PG DIPLOMA IN EDUCATIONAL THERAPY

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

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 therapy 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: