



Application Form: MA Educational Psychotherapy

Interview Date:

Time:

Panel:

TITLE AND FULL NAME	HOME ADDRESS
MOBILE NUMBER	TELEPHONE NUMBER
CURRENT ROLE	WORK ADDRESS
	TELEPHONE NUMBER
NATIONALITY	EMAIL ADDRESS
DO YOU CONSIDER THAT YOU HAVE A DISABILITY?	ETHNICITY

FIRST REFEREE	SECOND REFEREE
POSITION	POSITION
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS

Caspari Foundation, Angel Wharf, 53 Eagle Wharf Road, London N1 7ER

Tel: (020) 7704 1977 Fax: (020) 7490 8570

Registered charity number 1079575. Company limited by guarantee 3815700

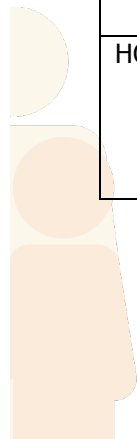
QUALIFICATIONS	COURSE	INSTITUTION	YEAR COMPLETED

PLEASE LIST ANY FURTHER RELEVANT TRAINING/INSET

HOW DID YOU HEAR ABOUT THIS COURSE?

WILL YOUR PRESENT COMMITMENTS ALLOW YOU SUFFICIENT TIME TO DO THE COURSE?

HOW TO YOU PLAN TO MEET THE COST OF THE COURSE AND ONGOING INDIVIDUAL PSYCHOTHERAPY?



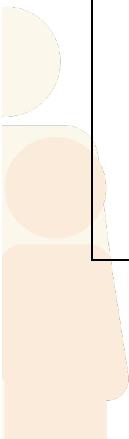
PLEASE OUTLINE YOUR PROFESSIONAL EXPERIENCE IN EDUCATION TO DATE:

PLEASE OUTLINE HOW YOUR OWN EXPERIENCE OF GROWING UP, FAMILY LIFE, YOUR OWN EDUCATION AND ANY OTHER EXPERIENCES MAY HAVE INFLUENCED YOUR INTEREST IN THIS WORK.

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WHAT HAS LEAD TO YOUR INTEREST IN WORKING WITH CHILDREN WHO HAVE LEARNING DIFFICULTIES?

HOW DO YOU THINK THIS COURSE WILL BE RELEVANT TO YOUR PRESENT ROLE?

- I UNDERSTAND THAT I AM REQUIRED TO HAVE AN ENHANCED CRB CHECK, WHICH IS NOT LESS THAN THREE YEARS OLD. I ATTACH A COPY OF MY MOST RECENT ENHANCED CRIMINAL RECORD DISCLOSURE CERTIFICATE.
- I CONFIRM THAT I HAVE NOT BEEN DISMISSED FROM EMPLOYMENT OR ANY TYPE OF WORK WITH CHILDREN NOR HAVE I BEEN REFUSED MEMBERSHIP OF A PROFESSIONAL BODY OR REGISTER ON THE GROUNDS OF PROFESSIONAL MISCONDUCT IN THE UK OR ABROAD.
- I WISH TO APPLY FOR THE FOUR THE FOUR YEAR PART-TIME MA EDUCATIONAL PSYCHOTHERAPY AND UNDERSTAND THAT IF I AM INVITED FOR INTERVIEW, I WILL BRING ORIGINAL DIPLOMAS OR CERTIFICATES, WHICH I HAVE OUTLINED ABOVE.

SIGNATURE:

DATE: