

2 Year Post Qualifying Certificate

in Biosynthesis Neuro-Somatic
Trauma & Depth-Psychology Oriented Psychotherapy

APPLICATION FORM

1. PERSONAL DETAILS *(Please Print)*

Name

Address

Telephone

Home

Work

Mobile

Email Address

Date of Birth

Nationality

2. EDUCATION AND TRAINING

Please give details of all third level qualifications, beginning with your Core Psychotherapy qualification.

Full Title of Award

Training Institution (Name & Address)

Dates

3. PROFESSIONAL REGISTRATIONS

Please give details below of professional registrations (IAHIP, IACP, BACP etc.)

Organisation

Registration Number

Date of 1st Registration

4. PERSONAL STATEMENT *(Please continue on a separate sheet if necessary.)*

Why do you wish to undertake this training course at this point in your life?

Are you currently in Supervision and name of Supervisor

If not a practicing Psychotherapist / Psychologist please outline your profession/history within the helping professions.

5. REFEREES

Please supply two professional / academic referees. Family members and friends will not be accepted as referees.

First Referee

Full Name _____

Post Held _____

Occupation _____

Relationship to Applicant _____

Address _____

Second Referee

Full Name _____

Post Held _____

Occupation _____

Relationship to Applicant _____

Address _____

6. DECLARATION

Declaration: I confirm that the information given in this form is true, complete and accurate.

Applicant's Signature _____

Date _____

PAYMENT DETAILS

Please send completed application, together with an application fee of €150 to:

**Naas Primary Care Psychotherapy Ltd,
Suite 1 & 2, First Floor,
Vista Primary Care,
Naas,
Co Kildare.**

All cheques and postal orders are to be made to **Naas Primary Care Psychotherapy Ltd.**

EBANKING

IBAN: IE33 BOFI 9012 6380 5459 31 BIC: BOFIE2D

OFFICE USE ONLY ID No: _____

Dep. Rec'd: _____

