

**Introduction to Psychoanalytic Theories and Concepts Application Form**

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| Equality Monitoring Form  We have a policy of monitoring all applications to help us reach more diverse communities than we currently do. As part of this, we would be grateful if you could complete the anonymous Equality Monitoring Form on our website. |

***Please return your signed application form to:*** [***training@sipsychotherapy.org***](mailto:training@sipsychotherapy.org) ***by the closing date.***

***You should contact the office prior to submitting a late application.***

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| For which academic year are you applying? |  |
| How did you hear about the course? |  |

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| --- | --- | --- | --- |
| Name | |  | |
| Address | |  | |
| E-mail address | |  | |
| Daytime phone no. |  | Evening phone no. |  |

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| What is your current work situation? |
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| Please say why you would like to do this course, giving brief relevant details of your work/interests and experience of psychotherapy or counselling (please expand the text box if necessary). |
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**Declaration**

Please ensure you read our payment terms on the website and transfer the non-refundable deposit to SIPs bank account (see payment terms) prior to submitting your application. By signing /printing your name, and submitting this application form, you are agreeing to our payment terms.

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| **Sign / print name** |  | **Date** |  |