

Application Form

The Institute for Arts in Therapy and Education

Please complete this application form in BLOCK CAPITALS and in black ink

1. Full title of course and location to which you are applying

Course title:

Location:

2. Personal Details

Title: Dr / Mr / Ms / Miss / Mrs:

Surname / Family Name:

Previous Name:

First Name(s):

Home Address:

Postcode:

Telephone number (including STD code)

Primary:

Secondary:

Email:

Sex: Male Female Prefer not to say / other

Date of Birth:

3. Funding

Is your employer funding your place? Yes No Part funded

If 'Yes or 'Part funded' please state employers invoicing details

If part funded please provide details below

Name:

Address:

Email:

4. Delegate pack

Included in your delegate pack will be a set of Dr Margot Sunderlands cards. Please tick which cards you would like:

Helping teenagers talk about their lives or Helping children talk about their lives

Would you like the delegate handbook in English or Welsh

5. Criminal convictions

Do you have any criminal convictions?

Yes No

DBS Certificate Number:

If yes, please attach details about your offence and conviction, including dates and court at which you were convicted. For further guidance please contact the Admissions Office (020 7704 2534). (Disclosure of a criminal conviction does not automatically adversely affect your application.)

6. Employment

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief outline of duties

7. Psychotherapy / Counselling / Psychology Training (for direct entry level 2 applicants only)

Institution – Name and Address	Subject(s)	Grades / Division / Class	Date Started and Date Awarded

8. Membership of Professional Organisations

Institution	Name and Address	Date Membership issued

9. How did you hear about the course at Trauma Informed Schools UK?

10. Are you currently taking any medication for mental health / psychiatric reasons? Please specify (Please note: this is to support you)

11. Have you in the past had any psychiatric / mental health care? (If so, briefly detail the nature of this giving dates. (Please note this is to support you, we adopt an equal opportunities policy)

12. Major Trauma

Have you suffered major trauma? e.g. witnessing or experiencing extreme violence or sexual abuse?

Yes No

If YES please provide a brief statement describing the trauma:

13. Please state whether your psychiatric / mental health care is still on-going (if so, please briefly detail the nature of this)

14. Details of Personal Psychotherapy and Clinical Supervision (please give details)

15. Details of Vocational Experience in Education or Work with Children

16. Name and Address of Referee(s)

REFEREE 1		REFEREE 2	
Name:		Name:	
Post Held:		Post Held:	
Address:		Address:	
Telephone No:		Telephone No:	
Email:		Email:	

17. Personal Statement (Please continue on a separate sheet if required)

Why do you want to do this course?

18. Disability / Additional Educational Needs (Please tick the appropriate box)

We encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- 0. No Disability
- 1. Dyslexia
- 2. Blind / Partially Sighted
- 3. Deaf / Hearing Impairment
- 4. Wheelchair User / Mobility Difficulties
- 5. Personal Care Support
- 6. Mental Health Difficulties
- 7. Unseen Disability
- 8. Multiple Disabilities
- 9. Other Disability not listed
- 10. Autistic Spectrum

If disabled, please provide brief details:

19. Ethnic Origin

The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background

A. White British Irish Any other White background (please specify below):

B. Mixed White and Black Caribbean White and Black African
Any other Mixed background (please specify below):

C. Asian or Asian British Indian Pakistani Bangladeshi
Any other Asian background (please specify below):

D. Black or Black British Caribbean African Any other Black background (please specify below):

E. Chinese or other ethnic group Chinese Any other (please specify below):

Country of Birth:

Country that you normally live in:

Nationality/dual nationality (as per your passport):

20. Declaration

I declare that the information given is true in all respects
I have read and understood the Privacy Policy on the TISUK Website.

Signature of Applicant:

Date: