

6. English Language Qualification

Please supply copies of Academic English qualifications, e.g. TOEFL, IELTS,
Please note: studying in an English medium outside of the UK does NOT exempt you from submitting a qualification.

7. Employment

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief Outline of Duties
1.					
2.					
3.					
4.					

8. 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

9. Membership of Professional Organisations

Institution	Name and Address	Date Membership issued

10. How did you hear about the course at The Institute for Arts in Therapy and Education?

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

12. 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)

13. 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

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

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

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

17. Name and Address of Referee(s)

REFEREE 1

Name: _____

Post Held: _____

Address:

Telephone No: _____

Email: _____

REFEREE 2

Name: _____

Post Held: _____

Address:

Telephone No: _____

Email: _____

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

Why do you want to do this course?

19. 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 <input type="checkbox"/> | 6. Mental Health Difficulties <input type="checkbox"/> |
| 1. Dyslexia <input type="checkbox"/> | 7. Unseen Disability <input type="checkbox"/> |
| 2. Blind / Partially Sighted <input type="checkbox"/> | 8. Multiple Disabilities <input type="checkbox"/> |
| 3. Deaf / Hearing Impairment <input type="checkbox"/> | 9. Other Disability not listed <input type="checkbox"/> |
| 4. Wheelchair User / Mobility Difficulties <input type="checkbox"/> | 10. Autistic Spectrum <input type="checkbox"/> |
| 5. Personal Care Support <input type="checkbox"/> | |

If disabled, please provide brief details

20. 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)
- B. Mixed White and Black Caribbean White and Black African Any other Mixed background (please specify)
- C. Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background (please specify)
- D. Black or Black British Caribbean African Any other Black background (please specify)
- E. Chinese or other ethnic group Chinese Any other (please specify)

Country of Birth:

Country that you normally live in:

Nationality/dual nationality (as per your passport):

21. Declaration

I declare that the information given is true in all respects

Signature of Applicant: _____ Date: _____