Transactional Analysis Diploma/Certificate

Psychotherapy Training

Application Form

Please complete and return to TA Training Organisation, The Horsforth Centre, 138 Low Lane, Horsforth, LS18 5PX. Or email to contact@tatraining.org

Please refer to the attached selection criteria document when completing this form.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email  |  |
| Telephone  |  |
| Mobile |  |
|  |  |
| Which course do you wish to be considered for? (Please circle) | Foundation Diploma Certificate |
| What are you hoping to gain from the course personally and professionally? |
| Please detail previous experience or training of counselling, psychotherapy, consultancy or psychology? |
| What orientation(s) are you particularly interested in? (Please circle) |
| Education Organisational Counselling Psychotherapy |
| Where did you hear about TA Training Organisation? |

**Education and qualifications History**

List all courses of study undertaken since leaving school. These may including Higher or Further Education Courses at University or other colleges, professional qualifications or certificates. Please continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Institution attended or workplace | Qualification/Course | Dates Attended | Certificates Provided |
|  |  |  |  |

**Work History**

List the jobs you have held since leaving formal education.

For each job provide the following details: title of post, main responsibilities, dates held. Describe the skills, knowledge, competencies and outcomes resulting from this work that will be relevant and helpful to this course of study. Include any in-house training that you undertook in the job.

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**Community or Voluntary Work History**

Please provide details of any voluntary/community work which is relevant to the course of study. Include details of the name of any organisation you worked for, nature of work, responsibilities an duties, dates and duration. Also describe any life experience which has resulted in significant learning of relevance to this course.

**Additional comments (anything else you would like us to know.**

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**Reference Request**

Please provide us with the contact details of two people who will give you a reference for the course (not family members)

|  |  |
| --- | --- |
| **Referee 1: Personal** | **Referee 2: Professional** |
| Name |  | Name |  |
| Position |  | Position |  |
| Address |  | Address |  |
|  |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |

We will contact you for an interview as soon as possible.

Following your interview and receipt of your references we will contact you personally to let you know the outcome.

Please return your completed form with a copy of your CV to Jane Williams, TA Training Organisation, 138 Low Lane, Horsforth, Leeds LS18 5PX or email to contact@tatraining.org.

**Course Dates 2016/17** (may be subject to change)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Module Number |  | Date | Module Number |
| 17/18 September | 1 |  | 11/12 March | 7 |
| 1 /2 October | 2 |  | 8/9 April | 8 |
| 12/13 November | 3 |  | 13/14 May | 9 |
| 10/11 December | 4 |  | 10/11 June | 10 |
| 7/8 January | 5 |  |  |  |
| 11/12 February | 6 |  |  |  |