

APPLICATION FORM

Please send your completed form to:

The Institute for Arts in Therapy and Education

2-18 Britannia Row, Islington, London N1 8PA

Please state which course you are applying for:

Please
affix
photo

First name:	Title:
Surname:	
Address:	
Postcode:	Email:
Home Tel:	Nationality:
Work Tel:	Place of Birth:
Mobile Tel:	Date of Birth:
Current Occupation:	

Academic Qualifications

(1)

Institution:
Address:
Dates:
Qualification:
Grade:

(2)

Institution:
Address:
Dates:
Qualification:
Grade:

**Psychotherapy/Counselling/Counselling Psychology Training
(for direct entry Level 2 applicants only)**

Institution:
Address:
Dates:
Qualification:

Membership of Professional Organisations

Institution:
Address:

Details of Personal therapy and Clinical Supervision

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Are you currently taking any medication for mental health/psychiatric reasons?

Have you in the past had any psychiatric involvement? If so, briefly detail the nature of that involvement?

