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# **APPLICATION**

# **FOR**

# **PSYCHODYNAMIC PSYCHOTHERAPY**

# **TRAINING**

# **(Intake Year – 2025)**

When completing this application, it would be helpful if you type your replies. Answers to all questions will be treated in the strictest confidence.

To comply with Home Office regulations, the SAP must confirm each trainee's nationality. If you are accepted to train at the SAP you will be asked to show your **passport** to the Training & Education Manager, and a copy of the identification page and any details of visas or residential status will be held on file in the SAP office. You will also be required to submit proof of **valid, current DBS check** or apply for one. Also, please supply a **recent passport photograph** of yourself.

There is a non-refundable application fee of **£360**. You can either pay by credit card, PayPal, bank transfer, or enclose a cheque for this amount payable to the SAP with this completed form.

The deadline for submitting your application is **6 May 2024**.

## Your Details

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
| City: |  |
| Post Code: |  |

|  |  |
| --- | --- |
| Phone |  |
| Mobile |  |
| e-mail |  |

## Your family

Please briefly describe your family.

## Details of current occupation or employment

| **Years** | **Organisation** | **Job Title** |
| --- | --- | --- |
|  |  |  |
| Details |  | |

## Details of Previous Employment (most recent first)

| **Years** | **Organisation** | **Job Title** |
| --- | --- | --- |
|  |  |  |
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## Education (post 18) and Qualifications

| **Years** | **Institution** | **Subject** | **Result** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

(Please provide the original certificates with your application. These will be photocopied and returned to you as soon as possible. Photocopies sent with the application will not be accepted)

## Professional training and other relevant learning experience

| **Years** | **Institution** | **Subject** | **Result** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Please provide the original certificates with your application. These will be photocopied and returned to you as soon as possible. Photocopies sent with the application will not be accepted)

## Details of psychotherapy and/or relevant placement experience

(Please give details of any voluntary/paid work undertaken in counselling agencies, private practice, psychotherapy departments and/or other relevant agencies)

| **Years** | **Institution** | **Details of work** |
| --- | --- | --- |
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## Details of psychiatric experience

(If you have any psychiatric experience, please provide details, including its duration and the name of the hospital(s) at which your work/placement was undertaken)

| **Years** | **Institution** | **Details of work** |
| --- | --- | --- |
|  |  |  |
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## Referees

Please give details of two referees. At least one should be able to comment on your current clinical and/or placement work.

|  |  |
| --- | --- |
| Referee 1: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| How they know you |  |

|  |  |
| --- | --- |
| Referee 2: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| How they know you |  |

## How did you hear about the SAP’s training in Psychodynamic Psychotherapy?

## Details of any previous contact with the SAP

## Details of your health history and medical treatment

**Personal Statement**

Please indicate the experiences which have affected your development and attitudes. What influences have contributed to your decision to apply for training as a psychodynamic psychotherapist? Please include a brief outline of your personal, family and work history.

This must be less than 1,000 words. Please attach it as a separate document to your application.

## DECLARATION

**By submitting this form** I certify that to the best of my knowledge and belief, the information provided on this application form, together with any documents attached, is true and accurate. I understand that giving false information, or failing to disclose details, will make any offer of training invalid or lead to termination of training.

I understand that the information given on this application form and its annexures may be processed under the Data Protection Act for the purposes of selection for training and any subsequent evaluation and monitoring (including monitoring the effectiveness of the Society’s pro-diversity policies).I consent to the storage of this information confidentially on manual and computerized files.

Signature:       Date: