



Application Form

When submitting an application, you'll be asked to provide a short statement, no more than 250 words, about why you wish to undertake this course, what you will contribute and how you feel this course will be valuable in your work with clients. Please include a copy of your CV. You will also need to include the name and email address of one professional referee.

Your submitted application form is subject to the provisions of the Data Protection Act. At no time will your details be passed to anyone other than those involved in the training, course administration or professional governing bodies. Each student will be placed on email distribution lists dedicated to their student cohort.

Section 1- Personal/Contact Details

First Name:
Surname:
Gender and Preferred Pronouns:
Address:
Town/City and Zip Code:
Date of Birth:
Nationality:
Mobile telephone:
Email address:
Website if appropriate:

Section 2 – Education

Schools/Colleges/Universities attended since the age of 18:

From / To	Name of Institution

Qualifications gained:

Date Qualification	Subject	Grade

Psychotherapy/Counselling training (if relevant

First Training Institute/College:
Course Title:
Start and end date of course:
Theoretical Approach:
Qualification gained:

Optional second Training Institute/College:
Course Title:
Start and end date of course:
Theoretical approach:
Qualification gained:

Accredited	YES ☐	NO ☐
Are you currently registered or accredited with a professional body?		
Registered ☐	Accredited ☐	Neither ☐
Name of organisation (BACP, COSRT, UKCP):		
Membership/Accreditation number:		
Status (student, registered, accredited):		

All successful applicants will have to join COSRT prior to commencement of the course

Section 3 – Psychotherapy, counselling, and other work experience

Current Occupation:
Have you had any previous work experience as a counsellor or psychotherapist YES ☐ NO ☐
Please specify:

Please note the course is designed to support further qualification of pre-existing training & skills and to develop your work into PRT

Have you any experience as a counsellor or psychotherapist or aligned worker of offering one-to-one counselling: YES ☐ NO ☐
Details of any one-to-one or couples counselling experience offered:

If YES, please give details (e.g., which organisation and current status of membership. All successful applicants will have to join COSRT prior to commencement of the course):

Are you currently in therapy / counselling

YES ☐

NO ☐

If NO, please state the dates you were in therapy/counselling:

From

to

Was this weekly? If not please state regularity:

How many hours of therapy/counselling you had thus far?

Do you currently have professional indemnity cover?

YES ☐

NO ☐

If so, what is the amount of cover:

Do you currently professionally insured through your workplace?

YES ☐

NO ☐

If so, what is the amount of cover:

Do you have any diagnosed medical condition, disability or access need that may affect on your learning or attendance?

YES ☐

NO ☐

If yes, please provide brief details below and attach any supporting documents (e.g. diagnosis, support plan, access statement). This information is requested to help us offer appropriate support or reasonable adjustments. Disclosure will not negatively impact your application and will be handled in confidence.

Would you like to declare any protected characteristics for monitoring purposes?

- ☐ Ethnicity:
- ☐ Disability:
- ☐ Sexual orientation:
- ☐ Religion or belief:
- ☐ Other:

Section 4 – Personal Statement

Please write a few words about yourself (no more than 250), explaining why you wish to study towards the ADPRT, and telling us anything else you would like us to know about you, which you feel is relevant to this application. This will include why you are undertaking this course in pursuit of a professional qualification. The course is intended to ultimately equip you to achieve registration with COSRT (or any other psychotherapy body).

Statement:

Section 5 – References

Please provide the name and email address of one **professional** referee, who we may contact who has knowledge and experience of your counselling/psychotherapy practice:

Name referee:

Email referee:

In line with government guidelines, we need to ask whether you have a criminal record:

YES ☐

NO ☐

If YES, please provide details:

Section 6 - Declaration

I confirm that the information on this form is correct, to the best of my knowledge, and wish to submit my application.

For the purposes of this training programme the law of England & Wales applies.

Signature:

Date:

Please keep a copy for your own records, and submit this application electronically, **together with a current CV**, to the Course Consultant, Bernd Leygraf, by scanning and emailing to: info@gaprt.org