THE INSTITUTE FOR ARTS IN THERAPY AND EDUCATION

PLEASE

AFFIX

PHOTO

**Application form**

*Please complete this application form in BLOCK CAPITALS and in black ink*

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| **1. Full Title of Course and Location to which you are applying** |
| Course Title: |

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| **2. Personal Details** |  | **3. Payment of Fees** |
| Title: Mr / Ms / Miss / Mrs etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname / Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number (including STD code)Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: Male  Female  Prefer not to say / other Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Who is expected to pay your fees? (tick as appropriate)Your Employer Name of finance contact -Address of finance contact -Email of finance contact -Yourself / Relative  Please specify:Other Sponsor Please specify: |
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|  | **Year of Entry (if applicable)**Year 1  Year 3  Year 2  Year 4  |
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|  | **4. Criminal Convictions** |
|  | Do you have any criminal convictions?Yes  No DBS Certificate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, please attach details about your offence and conviction, including dates and court at which you were convicted. For further guidance please contact the Admissions Office (020 7704 2534). (Disclosure of a criminal conviction does not automatically adversely affect your application.) |

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| **7. Employment** |
| Employer’s Name and Address | FromMonth & Year | ToMonth & Year | Position Held | Full-time or Part-time | Brief Outline of Duties |
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| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

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| **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 |
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| **9. Membership of Professional Organisations** |
| Institution | Name and Address | Date Membership issued |
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| **10. How did you hear about the course at Trauma Informed Schools UK?** |
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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) |
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| **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) |
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| **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 |

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| **14. Please state whether your psychiatric / mental health care is still on-going** (if so, please briefly detail the nature of this) |
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| **15. Details of Personal Psychotherapy and Clinical Supervision** (please give details) |
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| **16. Details of Vocational Experience in Education or Work with Children** |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **18. Personal Statement** (Please continue on a separate sheet if required) |
| Why do you want to do this course? |

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| **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 1. Dyslexia 2. Blind / Partially Sighted 3. Deaf / Hearing Impairment 4. Wheelchair User / Mobility Difficulties 5. Personal Care Support  | 6. Mental Health Difficulties 7. Unseen Disability 8. Multiple Disabilities 9. Other Disability not listed 10. Autistic Spectrum  |
| If disabled, please provide brief details |

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| **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): |

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| **21. Declaration** |
| I declare that the information given is true in all respects.I have read and understood the Privacy Policy on the TISUK Website. Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |