

 **London Diploma
in Psychosexual and
Relationship Therapy**

Application Form

Please complete clearly, in black ink, or on a PC.

Section 1- Personal/Contact Details

First name (s):

Family name:

Gender (M/F/Other/Non-Binary):

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Date of birth:

Country of birth:

Nationality:

Address:

..... Postcode:

Principle telephone number:

Alternate telephone number:

Email address:

Can we use the above email address to contact you?

YES / NO

Website, if appropriate:



Your submitted application form is subject to the provisions of the Data Protection Act. For administrative purposes, basic details of those accepted on the LDPRT course are usually passed to COSRT in support of COSRT membership, and to Middlesex University for student registration. The details passed on may include: your name, your address, your gender, your date of birth. Please advise us in writing if you wish to withhold permission for us to pass on such details for those purposes. 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. Full LDPRT Data Privacy Policy: <http://www.psychosexualtraining.org.uk/privacy.html>

Section 2 - Education



Schools/Colleges/Universities attended since the age of 15:

From To Name of Institution

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Qualifications gained:

Date Qualification Subject Grade

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Psychotherapy/Counselling training (if relevant):

Training institute/college:

Course title:

Start/end date of course:

Theoretical approach:

Qualification gained:

Was your previous course accredited?

Section 3 – Psychotherapy, counselling and other work experience

Current occupation:

Have you had any previous work experience as a counsellor or psychotherapist? YES / NO

Details of any psychotherapy or counselling work experience:

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Have you any experience as a counsellor of one-to-one or couples counselling? YES / NO

Details of any one-to-one or couples counselling experience:

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Are you currently a member of any governing body or counselling organisation? YES / NO

If YES, please give details (e.g. which organisation and current status of membership):

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.....

In order to apply to the course you need to have received a minimum of 50 hours personal therapy within the last two years please state:

Are you currently in therapy/counselling? YES / NO

If not 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 have you had thus far?

Are you currently professionally insured?

YES / NO

Other relevant work experience (please insert an additional page if you need more space):

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If you have any certified medical condition which may impact on your learning or attendance, please inform us here:

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Section 4 – Personal Statement

Please write a few words about yourself (no more than 250), explaining why you wish to study towards the London Diploma in Psychosexual and Relationship Therapy, and telling us anything else you would like us to know about you, which you feel is relevant to this application.

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Section 5 - References

Please provide the name and email address of one professional referee, who we can contact:

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

YES / NO

If YES, please provide details:

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Section 6 - Declaration

I confirm that the information on this form is correct, to the best of my knowledge,

Signature: Date:.....

Please keep a copy for your own records, and submit this application, **together with a current CV**, to the Course Director, Judi Keshet-Orr MSc. UKCP reg., either by scanning and emailing to: judi@psychosexualtraining.org.uk, or by posting to her at:

Judi Keshet-Orr
181 Hampstead Way
London
NW11 7YA