



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), preferred pronouns:

.....

Date of birth:

Country of birth:

Nationality:

Address:

..... Postcode:

Principal telephone number:

Alternate telephone number:

Email address:

Can we use the above email address to contact you?

YES / NO

Website, if appropriate:

Please insert/attach
a recent passport
photo

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 18:

From To Name of Institution(s)

.....

.....

.....

Qualifications gained:

Date Qualification Subject Grade

.....

.....

.....

.....

Psychotherapy/Counselling training (if relevant

Training institute/college:

Course title:

Start/end date of course:

Theoretical approach:

Qualification gained:

Was your previous course accredited?

(Continues on Page 3)

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

Please specify:

.....

.....

.....

.....

.....

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

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

.....

.....

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

.....

.....

In order to apply you will need to have had 30 hours one to one personal therapy in the year preceding the training. During the training you will need to undertake a further minimum 20 hours in line with COSRT requirements.

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?

Do you currently have professional indemnity cover? YES / NO

If so, what is the amount of cover? £.....

Are you currently professionally insured through your workplace? YES / NO

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

If you have any certified medical condition which may impact on your learning or attendance, please inform us here, those with statements need to attach them to this form:

.....

.....

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. 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).

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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:

.....

.....

.....

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

YES / NO

If YES, please provide details:

.....

My application is for the course delivered: In person ☐
Online (Zoom) ☐

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

Signature: Date:

London Diploma in Psychosexual and Relationship Therapy application form