This form is designed for you to express your interest in training with the BJAA.

Whatever stage you may be in the process of enquiring about or preparing for the training please complete this form in as much detail as possible so that the training manager can advise you on gaining the necessary pre-training experiences.

Please return this form to the BJAA training manager – bjaatraining@bpf-psychotherapy.org.uk.

Where did you hear about the training? Click to enter text.

personal information

Title: Click to enter text.

Name: Click to enter text.

Surname: Click to enter text.

Former Surname: Click to enter text.

Date of birth: Click here to enter a date.

Nationality: Click to enter text.

Home Postcode: Click to enter text.

Street Name: Click to enter text.

Town: Click to enter text.

Home Tel Number: Click to enter text.

Mobile Number: Click to enter text.

Email Address: Click to enter text.

When were you hoping to begin the training? Click to enter text.

Are you thinking of applying to another training? If so, please state which. Click to enter text.

academic qualifications

The academic requirement is that you have an undergraduate degree or an equivalent that can be a combination of formal study within an institution and relevant work experience.

**degrees/diplomas -** please email scanned copies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degrees**  **diplomas** | **Subject** | **Date** | **Awarding Institute** | **Class** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
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| --- | --- | --- | --- |
| **Qualification/s** | **Date** | **Awarding Body** | **Class** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

work experience

**current employment**

Experience of work in a mental health setting is an advantage but we welcome applications from those with other working backgrounds.

Click to enter text.

**work with individuals in a therapeutic setting-** please include date, role, institution, age group/s, hrs/days/per week

To be considered for the training you will need experience of paid or voluntary work face to face with individuals in a setting where you have a role as a therapist, counsellor or mental health support worker. You will need to have seen at least two individuals, one for a minimum of a year, and to have had regular supervision of this work with a practitioner registered with the British Psychoanalytic Council, United Kingdom Council for Psychotherapy or British Association for Counselling and Psychotherapy. It is usual for your supervisor to be asked to provide a reference in support of your application.

Click to enter text.

training analysis

To be considered for the training, you need to be in 3 times weekly analysis with a BJAA accredited training analyst/therapist, and to have begun at least one year before the training starts. If you are currently in analysis/psychotherapy, we will check if your analyst/psychotherapist is accredited with us. If you are not the Selection Co-ordinator will help you identify a suitable person from our list of training analysts/therapists.

Please let us know the name of your analyst/therapist, the frequency of sessions and when you started: Click to enter text.

If you have previously had analysis/psychotherapy, please let us know the name/s of the analysts/therapists, the frequency of sessions and the start and end dates of therapy. Click to enter text.

pre-clinical or first year training components

These are essential components of the clinical training which can be undertaken before training begins or begun in the first year of training.

**mother infant (primary caregiver) observation**

Name of seminar leader: Click to enter text.

Institution: Click to enter text.

Start date: Click to enter text.

End date: Click to enter text.

Final paper (if applicable): Click to enter text.

**Psychiatric placement (minimum 6 months)**

Institution: Click to enter text.

Start date: Click to enter text.

End date: Click to enter text.

Optional pre-clinical training components

This component is particularly helpful for those gaining experience in a therapeutic setting and for those planning to work in an institutional setting.

**work discussion seminars**

Name of seminar leader: Click to enter text.

Institution: Click to enter text.

Start date: Click to enter text.

End date: Click to enter text.

Final paper (if applicable): Click to enter text.

**privacy statement & data protection act 1998**

We will treat all your personal information as private and confidential, except where disclosure is made at your request or with your consent or where we are required by law to disclose.

We will use your information for the purposes of administration, selection, assessment and other associated services.

We will also provide your information to relevant third parties such as regulatory bodies and academic institutions, in order to achieve your various requirements. Except where we are required to disclose by law, we will treat all your information as confidential and will not disclose any such information except where a disclosure is made at your request or with your consent.

Where necessary you consent to our processing data that is defined as sensitive by the Data Protection Act such as data relating to your health or offences for the above purposes. You also consent to our transferring your information to countries that do not provide the same level of data protection as the UK, if necessary for the above purposes.

**Date of completion of this form**: Click to enter text.