Developing a Psychoanalytic Approach to Working with Children & Adolescents

APPLICATION FORM – Ref: INT/10

Full Name: …………………………………………………………………...................

Address…………………………………………………………………………… ……

………………………………………………..……Post Code: ………………………

Telephone………………………,,,,,,,,,,,,,,,,,.Email:………………………………..…

Current occupation…………………..……………................

Aims in attending the course: Pre- training requirement for IPCAPA applying for Child & Adolescents Psychotherapy training.

Where did you hear about the course?……..................…………………………......

**Tick here if you would prefer not to receive information about the *bpf* □**

Signature …………………………….........……………………………………Date…………………….……..........

**Fee: £1323 -** Payable in full upon application. If desired, 2 equal instalments of £661.50 each.

**Cancellation**

All cancellations must be made in writing and subject to an admin fee of £25

100% refund will be given for cancellations up to 60 days before the course start date.

50% refund will be given for cancellations up to 30 days before the course start date.

No refund for cancellations received in less than 30 days before the course start date.

**Please return to: Sandra Pereira, Academic & Public Events Officer, British Psychotherapy Foundation, 37 Mapesbury Road, London NW2 4HJ Tel 020 8452 9823/ Fax 020 8452 0310**

E-mail**:** [**sandrap@bpf-psychotherapy.org.uk**](mailto:sandrap@bpf-psychotherapy.org.uk)

**The BPF welcomes applications from all sections of society**

**NB: Please note this course sets out to help individuals understand what is required in preparation for training but does not guarantee a place on the psychotherapy training.**

DISCLAIMER: The *bpf* will not be held responsible for travel/hotel expenses made or incurred in the unlikely event of this course either being cancelled or postponed.