University of Northampton
Working in partnership with

Dublin Counselling and Therapy Centre
41 Upper Gardiner Street, Dublin 1

MSc Adolescent Psychotherapy

APPLICATION FORM

1. **PERSONAL DETAILS:** (Please Print)

Name:
Address:
Telephone: Home:
Work:
Mobile:
Email Address:
Date of Birth:
Nationality:

2. **EDUCATION AND TRAINING:**

Please give details of all third level qualifications, beginning with your Core Psychotherapy qualification.

Full Title of Award Received	Training Institution (Name & Address)	Dates

3. **PROFESSIONAL REGISTRATIONS**

Please give details below of professional registrations (IAHIP, IACP, BACP etc.)

Organisation	Registration Number	Date of 1st Registration

4. **EMPLOYMENT & EXPERIENCE**

Please list below all employment/voluntary experiences chronologically, beginning with the most recent.

Dates	Name & Address of Employer	Job Title

5. **PERSONAL STATEMENT** (Please continue on a separate sheet if necessary.)

a) Why do you wish to undertake this training course at this point in your life?

b) Please describe what you feel are your personal strengths and attributes which will assist you in your work with adolescent clients, as well as the personal difficulties and/or characteristics which you believe may impede you.

6. **CRIMINAL CONVICTIONS**

Please answer each of the following questions. If offered a place, you will be required to supply a current Garda vetting statement.

Have you ever had any criminal convictions? **Yes No**

Are you currently involved in any case which might lead to a criminal conviction? **Yes No**

Are you aware of any concerns or complaints of a professional nature, which have been made against you? **Yes No**

If you have answered 'yes' to any of the above questions, please enclose details in a separate sealed enveloped marked "confidential" with your name on it. Disclosed information will be treated sensitively and confidentially.

7. **HEALTH**

Please indicate your current state of health:

8. **REFEREES**

Please supply two ***professional/academic*** references. References from family members and friends will not be accepted. Both references must be provided on headed paper, be signed at the bottom by the referee and **included with this application form**. References should clearly show the full legal name of the applicant.

N.B. Application forms will not be processed until both references have been submitted.

First Referee

Full Name:
Post Held/Occupation:
Relationship to Applicant:
Address:

Second Referee

Full Name:
Post Held/Occupation:
Relationship to Applicant:
Address:

9. DECLARATION

Any statements on this form which prove to be untrue or purposely misleading may cause the application to be cancelled. Furthermore if inaccuracies are highlighted at a later stage, we retain the right to retract any offer made or terminate the training contract with no refund of fees.

Declaration: I confirm that the information given in this form is true, complete and accurate.

Applicant's Signature: _____ Date: _____

NOTE: Application Fee of €150 to accompany applications.

Payment may be made via cheque (payable to Dublin Counselling and Therapy Centre) or by Bank Transfer. For EFT payments, bank transfer details are available by request to info@dctc.ie

Please send completed application, together with references and application fee to:

The Centre Director
Dublin Counselling and Therapy Centre
41 Upper Gardiner Street, Dublin 1

Telephone: (01) 8788 236
Email: info@dctc.ie