



The ASSOCIATION OF INDEPENDENT PSYCHOTHERAPISTS

**Application for Training**

Name

Address

Telephone (home) (work)

Date of Birth

Single, married, co-habiting, divorced

Children

Occupation

Education

Name & address of psychotherapist

Name & address of referee

On separate sheets of paper please give details of the following:

1. Personal therapy (dates, frequency & orientation)
2. Previous training in counselling or psychotherapy
3. Relevant life & work experience (paid or voluntary)
4. Personal statement on why you wish to train as a psychotherapist (300 words)

Please enclose the application fee of £90 (payable to the Association of Independent Psychotherapists) and send your application to:

The Association of Independent Psychotherapists  
P.O. Box 1194 London N6 5PW

