



The ASSOCIATION OF INDEPENDENT PSYCHOTHERAPISTS

Application for Training

Name

Address

Telephone

(home)

(work)

Email

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 £100 (payable to the Association of Independent Psychotherapists) and send your application to the address below.

PO Box 1194, London N6 5PW, England • Tel 020-7700 1911

The Association of Independent Psychotherapists Ltd. Registered in England 28431R
Registered address: Flat 3, 22 Linden Road, London N10 3DH