Application form: Advanced Training - Year 4, Dissertation Year

**Please have digital copies of anything you wish to attach**

The dissertation year is the final year of training that supports you with your writing and the preparation for your oral examination. To ensure everyone is likely to complete the year successfully, we need to confirm that your hours of training, supervision, practice and personal therapy are sufficient.

On the following pages, we have the logs for the requirements. Please add rows where needed**. We are assuming you have completed four years of TA psychotherapy training.**

**Contact Details**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Street name 1** |  |
| **Street name 2** |  |
| **City** |  |
| **Country** |  |
| **Postcode** |  |
| **Email** |  |
| **Phone Number** |  |

**Additional Information**

|  |  |
| --- | --- |
| **Preferred name** |  |
| **Preferred pronoun** |  |
| **Date of birth** | Click or tap to enter a date. |

**Eligibility Check**

**Please complete the following logs, adding in additional lines if needed**

1. **Personal therapy received:** Minimum requirement 120 hours of weekly psychotherapy in group or individually and is currently ongoing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Years to date** | **Name, Qualifications and reg of therapist** | **Face to Face hours** | **Online Hours** |
|  |  |  |  |
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|  |  |  |  |

**Any comments:**

1. **Supervision of practice:** Minimum requirement of one hour supervision for every six client hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Years to date** | **Name, Qualifications and reg of therapist** | **Face to Face hours** | **Online Hours** |
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**Any comments:**

1. **Clinical hours:** Minimum requirement 300 supervised practice hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Years to date** | **Name, Qualifications and reg of therapist** | **Face to Face hours** | **Online Hours** |
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**Any comments:**

1. **Training hours:** Minimum requirement 500 training hours received from PTSTA/TSTA/UKCP reg practitioner

|  |  |  |  |
| --- | --- | --- | --- |
| **Years to date** | **Name, Qualifications and reg of therapist** | **Face to Face hours** | **Online Hours** |
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**Any comments:**

**References (external applicants)**

**Please provide the names of two referees.**Your referees should know you well enough to write about you and your suitability for study. The referee should not be a family member, other relatives or friends. One of your referees should be a tutor or primary supervisor. An employer, health professional can also provide references.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| **Referee email:** |  |  |
| **Referee name:** |  |  |
| **Relationship to you:** |  |  |

**Personal Statement (external applicants)** Please, briefly, tell us about yourself and why you are applying for this year with reference to your training and professional experience.

**Disability Support**

If you have an ongoing health condition, a mental health diagnosis, a disability or have learning support needs, please let us know here. We will contact you to discuss your requirements in relation to the selected course and discuss the support and facilities available. All applicants are requested to provide the name and contact number of a next of kin, in case of emergency. In doing so, you are confirming that you have permission to share their details.

**Terms & Conditions**

I confirm that I have read and agree to the [Terms and Conditions of the Student Agreement](https://www.ironmill.co.uk/terms-and-conditions) and the [Finance Agreement](https://www.ironmill.co.uk/finance-agreement) available on the Iron Mill College web site.

Yes  No

**Where did you hear about us?**

Google Ad

Facebook Ad

Word of Mouth

Referral from a Student

Referral from a Counsellor

LinkedIn

Instagram

X

Facebook

Google search

Advertising

BACP website

Other

**Did you attend an open day / open evening / online course presentation prior to the course?**

Yes  No

**Disclosure**

Our Advanced Courses require that students work directly and individually with vulnerable people and / or children. To ensure we maintain our duty of care towards students and their clients, please indicate:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you ever been subject to expulsion from a professional body? |  |  |
| Have you ever been the subject of a disciplinary process with a professional body or in a place of work? |  |  |
| Have you ever been convicted of a criminal offence (including any spent conviction, caution, or bind-over order)? |  |  |
| I would be prepared to undertake an Enhanced DBS check if required for my course, and understand that there is a fee which I would need to pay (see the DBS website page for details) |  |  |

*Answering "yes" to these questions will not necessarily prevent you from successfully gaining a place on the course; however, failure to disclose at this stage, or making a false or an inaccurate declaration, may result in termination of your training. If you have answered "yes" to any of these questions, we will contact you for further details and to discuss your individual situation.*

*Signed and agreed:*

Applicant: Date:

Tutor: Date: