Application form: UKCP and CTA Informal Exam Preparation Group

**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. |

**The following is to support the tutor in preparing for the needs of the group.**

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

1. **Supervision of practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Years to date** | **Name and qualifications of Supervisor** | **Face to Face hours** | **Online Hours** |
|  |  |  |  |
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|  |  |  |  |

1. **Clinical hours**

|  |  |  |
| --- | --- | --- |
| **Years to date** | **Face to Face hours** | **Online Hours** |
|  |  |  |
|  |  |  |
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|  |  |  |
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1. **Training Log:**

|  |  |  |
| --- | --- | --- |
| **Years to date** | **Name of Institute** | **Name and qualifications of trainer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal Statement:** Please, briefly, tell us your key goals for undertaking this course.

**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

*Signed and agreed:*

Applicant: Date:

Tutor: Date: