**FOUNDATION COURSE 2026**

**APPLICATION FORM**

v1.31

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Address:** | **Post Code:** |
| **Home Tel:** | **Mobile:** |
| **Email**: | **Occupation**: |
| **If you have a therapist already, then please let us know below:** | |
| **Name of therapist:** | **No. of therapy hours completed to date in the last 12 months:** |

**How did you hear of us? (please tick/online form is interactive)**

|  |  |  |
| --- | --- | --- |
| Social Media | BACP Therapy Today | UKCP The Psychotherapist |
| Google Search | BACP Online | Word of Mouth (therapist) |
| Current/previous Student | Word of Mouth (friend) | Other, please specify: |

**Education & Qualifications**:

**Do you have any previous experience of personal therapy or therapeutic training/experience?**

**Do you follow any form of spiritual practice/belief?**

**Do you practise meditation and if so, in what form?**

**Please comment on your views regarding the requirement to enter personal therapy (at your**

**own expense) for the duration of the Course:**

**Why are you applying for this particular course?**

**Evaluate your support system, both personal and material, for undertaking the training,**

**including how you will fund this Course:**

**We need to know how to support you:**

*(These wouldn’t necessarily mean you can’t join the course)*

1. **Is there any information that we should know about regarding your present or past circumstances? If so please outline a brief history of issue, including dates.***(e.g., criminal record, psychiatric history, etc.)*
2. **Have you experienced or are you experiencing difficulties related to substance use, self-harm or any form of acute psychological distress ? Have you experienced suicidality? If so please outline a brief history of issue, including dates.**
3. **Are you currently receiving psychiatric treatment or taking any psychiatric medication?**

**if the situation changes with regard to the above questions, please confirm by signing below that you will inform CCPE.**

**\*Signed: ............................................................................ Date: .......................................**