**DIPLOMA COURSE 2026**

**APPLICATION FORM**  
v1.31

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Address:** | **Post Code:** |
| **Home Tel:** | **Mobile:** |
| **Email**: |  |
| **Occupation**: |  |
| **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?**

**How do you intend to use the training in your work?**

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

**How would you describe your spiritual life?**

**Theoretical study and essay writing are components of the training.***Please comment on your ability in this area.*

**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:**

**\*Is there any information that we should know about regarding your present or past circumstances e.g., criminal record, psychiatric history, etc.? If so please outline a brief history of issue, including dates.**

**Have you experienced or are you experiencing difficulties related to substance use, self-harm or any form of acute psychological distress? If so please outline a brief history of issue, including dates.**

**\*Are you currently receiving psychiatric treatment or taking any psychiatric medication?**

**\*If the answer to the above questions is ‘No’ please confirm by signing below that you will**

**inform CCPE if the situation changes**

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