



Dublin Counselling & Therapy Centre

41 Upper Gardiner Street, Dublin 1

APPLICATION FORM

Advanced (Post-Qualifying) Diploma in Gestalt Adolescent Psychotherapy

1. PERSONAL DETAILS: (Please Print)

Name:

Address:

Telephone Nos. Home:
 Work:
 Mobile:

Email Address:

Date of Birth:

2. EDUCATION AND TRAINING:

Dates	Training Institution	Course Title	Qualification Received

3. PROFESSIONAL REGISTRATIONS

Please give details below of professional registrations (IAHIP, IACP, BACP etc.)

Organisation	Registration Number	Date of 1 st Registration

4. EMPLOYMENT & EXPERIENCE

Please list below all employment/voluntary experiences chronologically, beginning with the most recent.

Dates	Name Of Employer	Position/Nature of work

5. PERSONAL STATEMENT (Please continue on a separate sheet if necessary)

a) Why do you wish to undertake this training course at this point in your life?

b) Please describe what you feel are your personal strengths and attributes which will assist you in your work with adolescent clients, as well as the personal difficulties and/or characteristics which you believe may impede you.

6. CRIMINAL CONVICTIONS

Dublin Counselling and Therapy Centre is committed to safeguarding young people. You are therefore required to answer the following questions (please circle):

Have you ever had any criminal convictions? Yes No

Are you involved in any cases for which details are pending? Yes No

Are you aware of any concerns or complaints of a professional nature, which have been made against you? Yes No

If you have answered 'Yes' to any of the above questions, please enclose details in a separate sealed enveloped marked "confidential" with your name on it. Disclosed information will be handled and disposed of securely by Dublin Counselling and Therapy Centre in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

7. HEALTH

 Please indicate your current state of health:

8. REFEREES

Please supply two references. Referees will preferably know the applicant at a professional/academic level. References from family members and friends will not be accepted. Both references must be provided on headed paper, be signed at the bottom by the referee and **included with this application form**. References should clearly show the full legal name of the applicant.

First Referee
Full Name:
Post Held/Occupation:
Relationship to Applicant:
Address:
Telephone:
Email:

Second Referee
Full Name:
Post Held/Occupation:
Relationship to Applicant:
Address:
Telephone:
Email:

9. DECLARATION

Any statements on this form which prove to be untrue or purposely misleading may cause the application to be cancelled. Furthermore if inaccuracies are highlighted at a later stage, we retain the right to retract any offer made or terminate the training contract with no refund of fees.

Declaration: I confirm that the information given in this form is true, complete and accurate. No information requested or other material information has been omitted.

Applicant's Signature: _____ Date: _____

NOTE: Processing Fee of €100 to accompany applications.

Please send completed application, together with references and application fee to:

The Administrator
Dublin Counselling and Therapy Centre
41 Upper Gardiner Street, Dublin 1
Telephone: (01) 8788 236
Email: info@dctc.ie