

THE CENTRE FOR
GENDER PSYCHOLOGY



Inter
Psyche
Centre for Counselling and
Psychotherapy Studies



Kent and Medway **NHS**
NHS and Social Care Partnership Trust

Application for Foundation/CPD Workshop¹ in Psycho-Sexual Somatic Therapy

Name..... Date of Birth

Address.....

Telephone Number Day:..... E-mail:

Evening: Mobile:

Professional Qualifications/Training:

Dates (from/to)	Names of establishment	Full or Part time?	No. hours tuition	Qualifications gained & Awarding Body

¹ Delete where inapplicable

Details of any experience of body psychotherapy or couple work:

Dates (from/to)	Approximate number of hours	Counsellor Approach/Style

Please answer the following questions in support of your application:

What personal and professional experiences have led you to apply for this training course/cpd workshop?

How/in what context do you imagine you might use the training in PSST?

I confirm that to the best of my knowledge that the information I have given on this form is accurate and not misleading.

Name:

Signature..... Date:

Please return this form to the administrator at Inter-Psyche together with either payment in full for a one-off workshop or a deposit of £100 for the series made payable to "Kent & Medway NHS and SCPT". We will then write to you confirming your place and giving you joining instructions etc.