



**Greater Manchester West Mental Health NHS Foundation Trust  
Salford Cognitive Therapy Training Centre  
Certificate in Cognitive Behavioural Therapy Application Form**

Title: Mr / Mrs / Ms / Miss / Dr ..... Surname: .....

First Name: ..... Job Title: .....

Profession: .....

**If you do not have a core health or social care profession, please complete the Knowledge, Skills and Attitudes form in addition to this application form.**

Email Address: .....

Employers Name: .....

**Employers Status: Public / Voluntary / Private (delete as appropriate)**

**How many years mental health experience (excluding training):.....**

Employers Address: .....

Work Tel: ..... Home Tel: .....

Home Address: .....

**Section 1 – Academic Qualifications (Higher Education only)**

Dates (start-finish)	Qualification & year awarded	Subject	Establishment	Grade where relevant
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Section 2 - Professional Qualifications**

Date (start-finish)	Training Establishment	Subject	Qualification	Grade where relevant
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Are you registered/accredited/chartered with a professional body? Yes / No**  
**If yes, please indicate which professional body:..... Pin No. (not membership No):.....**  
**If you are a counsellor, are you individually BACP accredited? Yes / No Membership No:.....**

PTO



**Section 6**

In support of your application, please supply the names and addresses of two professional referees, one of which should be your current employer. References will be taken after interview.

Title: ..... Title: .....

Name: ..... Name: .....

Address: ..... Address: .....

.....

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Tel: ..... Tel: .....

Source of Funding ..... Has funding been agreed Y/N

Where did you hear about the course i.e. advert/word of mouth/etc .....

**I confirm that all the information above is accurate to the best of my knowledge:**

**Signed**..... **Date**.....

Please return completed application form by end of **27 April 2012** to:  
Karen Sutherland, Programme Administrator, Salford Cognitive Therapy Training Centre, Psychology Services, Bury New Road,  
Prestwich, Manchester M25 3BL Tel: 0161-772-3439 Email: [ct.training@gmw.nhs.uk](mailto:ct.training@gmw.nhs.uk)

**\*The trust is committed to a policy of equal opportunity**