

For office use:
Grad / **Non-**

**Greater Manchester West Mental Health NHS Foundation Trust
 Salford Cognitive Therapy Training Centre
 Postgraduate Diploma in Cognitive Therapy**



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

First Name: Job Title:

Profession: Email Address:

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.

Employers Name:

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

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

Employers Address:

Work Tel:

Home Address:

Home Tel:

Section 1 - Academic Qualifications (Higher Education Only)

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

Section 2 - Professional Qualifications

Dates (start-finish)	Qualifications & year awarded	Subject	Establishment	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:.....

Section 3 – Current Employment

Describe your current employment including role and responsibilities; service delivery setting and client caseload.

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.....

Section 4 - Prior Experience of Cognitive Therapy

Describe to date the following areas:-

Cognitive Therapy Clinical Practice:

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Cognitive Therapy Supervision:

.....

Cognitive Therapy Academic Knowledge:

.....

Describe which cognitive therapy models and/or texts have influenced your practice:

.....

.....

Section - 5 (please continue on separate sheet which is attached) Please DO NOT attach a curriculum vitae.

In no more than 500 words outline your reasons for applying for a place on the Postgraduate Diploma in Cognitive Therapy:

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 27 April 2012**

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

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

