References

Please provide details of two referees. At least one of them should know you in your professional capacity. Terapia will only contact your referees after you interview. All information given by the referees will be treated with strict confidentiality.

Referee 1	Referee 2
Name:	Name:
Position held:	Position held:
Email:	Email:
Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:

For more information about training with Terapia

Call: 020 8201 6101 Email: training@terapia.co.uk

The Bothy 17A East End Road London N3 3QE

Registered charity no. 1144041













application form



You may apply online at terapia.co.uk or you may complete the form below. Please attach your Curriculum Vitae and a photograph.

First Name:	
Surname:	
Address:	
Post Code:	
Telephone:	
Email address:	
Course applied for:	
MA Module 1 MA Module 2/3	
MA/Conversion Course Supervision Course	
Please give the details of any previous training in counselling or psychotherapy:	
Have you had any personal therapy/counselling in the past?	
No Yes	
If yes, please give dates:	
From: to:	

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personal state	ment is an important part of our short-listing criteria.	
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How did you learn about us?		
Terapia Website	Advert in:	Social media:
Search Engine	Therapy Today	Facebook
Word of mouth	New Psychotherapist	Twitter
Leaflet	Exhibition:	Instagram
Direct mail from Terapia	Mind, Body and Spirit	LinkedIn
Other – please specify	TES Special Needs Londor	1
	BACP Event	
	UKCP Event	
Confidential		
Do you have any previous convict	tions related to child offences?	
Yes	No	
If yes, please give details:		
Name:		
Sign:	Date	:

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