



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

Name: _____

Position held: _____

Email: _____

Address: _____

Post Code: _____

Telephone: _____

Referee 2

Name: _____

Position held: _____

Email: _____

Address: _____

Post Code: _____

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



www.terapia.co.uk



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: _____

