

Application Form

Applicants wishing to attend an Introductory Workshop only need to complete sections 1,2,9,10 and 13.

1. COURSE APPLIED FOR

Start Date: Introductory Workshop Date:

2. PERSONAL DETAILS

Title: Dr/Mr/Mrs/Miss/Ms/Other First Name(s):

Surname/Family Name: Previous surname (if changed):

Home Address:

Postcode:

Tel (home): Tel (work):

Mobile: Email:

Date of Birth: Gender : Male Female

Have you undertaken any previous training at Metanoia? Yes No Metanoia Student/ Membership Number

3. EDUCATIONAL QUALIFICATIONS

State most recent first, attaching copies of certificates/transcripts where possible. For international students these should be in both the original language and official English translation. Do not send original certificates.

Institution Name and Address	Qualification Type	Subjects Taken	Grade Achieved	Date Awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exams yet to be taken/results awaited:

4. PROFESSIONAL QUALIFICATIONS

Please give details below of professional registrations (e.g. BACP, UKCP, BPS).

Organisation	Registration No	Date of first registration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ENGLISH LANGUAGE QUALIFICATIONS

If English is not your first language, please give details of the most recent English language course you have taken or intend to take, and give the relevant grade/score for all components.

Course Name	Results	Date

You need to be proficient in the English language in order to succeed on our courses.

6. PAYMENT OF FEES

Please indicate who will pay your fees:

You/a relative Sponsor Employer (Please specify and give details below):

Manager's name Manager's signature

Company name

7. EMPLOYMENT AND EXPERIENCE

(List employment/voluntary experiences chronologically, beginning with the most recent.)

Dates	Name of Employer	Position	Paid/Voluntary

8. PERSONAL STATEMENT (Please continue on a separate sheet if necessary.)

(A) Why do you wish to undertake this training course at this point in your life? What use do you intend to make of the training?

(B) Please set out your own assessment of your personal strengths and attributes which you believe will assist you as a practitioner as well as the personal difficulties and/or characteristics which you believe may impede you.

9. CRIMINAL CONVICTIONS

Metanoia Institute is committed to safeguarding vulnerable adults and expects all students to share this commitment. Once enrolled on a clinical training course, all students will be subject to an enhanced criminal records bureau check. Metanoia Institute meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. You are therefore required to detail all previous criminal convictions. Criminal records will be taken into account for course applications only where the conviction is relevant. Metanoia Institute reserves the right to carry out a criminal record check with the Criminal Records Bureau as appropriate.

Have you ever had any criminal convictions? Yes No

Have you any criminal convictions which are not yet "spent" under the Act? Yes No

Are you involved in any cases for which details are pending? Yes No

If you have answered yes to any of the above questions, please enclose details in a separate sealed envelope marked confidential with your name on it. Disclosed information will be handled and disposed of securely by Metanoia Institute in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

10. PEOPLE WITH DISABILITIES

The Disability Discrimination Act 1995 defines a person as disabled if they have “a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability?

Yes No

If yes please specify the nature of your disability and advise if you have any specific requirements in order to train at Metanoia.
(Some examples of impairments that meet the definition of disability under the Disability Discrimination Act 1995 are hard of hearing, partially sighted, severe back problems, arthritis, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.)

12. REFERENCES

We require two references. The first reference should be from your current/most recent employer or academic institution. The second reference could be from another source. References from family members and friends will not be accepted.

First Referee Title: Dr/Mr/Mrs/Miss/Ms/Other:

Second Referee Title: Dr/Mr/Mrs/Miss/Ms/Other:

Full Name:

Full Name:

Post Held/Occupation:

Post Held/Occupation:

Relationship to Applicant:

Relationship to Applicant:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Email:

Email:

Both references must be provided on headed paper, be signed at the bottom by the referee and included with this application form. References should clearly show the full legal name of the applicant.

13. DECLARATION

Any statements on this form which prove to be untrue or purposely misleading may cause the application to be cancelled. Furthermore if inaccuracies are highlighted at a later stage, we retain the right to retract any offer made or terminate the training contract with no refund of fees.

Declaration: I confirm that the information given in this form is true, complete and accurate. No information requested or other material information has been omitted. Under the terms of the Data Protection Act 1988 the personal information supplied by you will be treated in confidence but used internally for registering and statistical purposes. You may from time to time receive additional information or survey questionnaires.

Applicant’s signature: _____ Date: _____

CHECKLIST

1. Complete the application form in full and sign and date the declaration above.
2. Ensure references have been completed in accordance with the instructions in section 10 and attached to this form.
3. Enclose your cheque (non refundable/non transferable Introductory Workshop cost).
(Note: If you are invited for an assessment session there will be an additional fee.)

Please refer to current costs and course fees for up to date prices.

Please return this completed application form to: Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB

Telephone: +44 (0)20 8579 2505 Fax: +44 (0)20 8832 3070.