

# CTC Certificate in Child Psychotherapy

## APPLICATION FORM

### 1 Personal Details

Surname .....

First name(s) ..... Male / Female.....

Address .....

.....

City/Town .....

County ..... Post Code.....

PPS Number ..... Nationality.....

Phone No (Home) .....

(Work) .....

Mobile .....

E-mail .....

DOB .....

### 2 Education/Training

Dates of Course	Training Organisation	Course Name	Qualification Obtained

### 3. Current Occupation and responsibilities

### 4. Accreditation (incl. Professional Membership number)

**5. Details of Core Psychotherapy/Psychology/Counselling Training**

Have you trained in a specific model of counselling or psychotherapy intervention in a core training? Did it include content in relation to Theories of Personality, Principles of Psychotherapy, Legal, Professional and Ethical Issues? Have you undertaken any training in the areas of Child Development and /or Psychopathology (Child/ Adolescent/Adult)?

**6. Experience of working with children and families**

**7. Experience of Personal Therapy and Participation in Personal Development Groups**

**8. Reasons for wishing to pursue this course**

**9. Are you intending to work with children during the course?**

**10. Where did you hear of this course?**

**11. Any other relevant information**

Is there anything else that you are aware of that may be relevant for the course organiser to consider in relation to your participation on the course or your practice with children?

**12. Name, Address and Tel. No. of 2 referees one of whom should be your supervisor, current employer or equivalent**

CTC will provide you with reference forms for your referees to complete and submit

**Section 43 Statement:**

CTC is required under Section 43 of the Qualifications Act 1999 to make arrangements for the Protection of Learners, on programmes of three months duration or more, should CTC, for any reason, terminate a programme before it is complete. In the unlikely even of this happening, and where feasible, CTC will make arrangements with alternate providers for the transfer of students to complete their programme of studies. Alternatively, CTC will refund the most recent fees received from, or on behalf of, a student.

In addition CTC has arranged:

- To retain funds to cover all outstanding costs of completing the programme (cost of venue, trainers, assessment) until the programme is complete.
- That, should a course need to be moved to a different venue, a specific staff member (with support of the Programme Management Team and all CTC supports, policies, and procedures) will be allocated to manage all necessary arrangements to facilitate a smooth transition and completion of the programme.
- That, should a core trainer/s not be available to continue to deliver training on a course, CTC will undertake to find a suitably qualified and experienced replacement as soon as possible and will seek to minimise disruption to student's studies as far as possible.

The Award that is issued by CTC on successful completion of this Programme is the Certificate in Child Psychotherapy.

Please delete as appropriate:

1. I do /do not adhere to a professional code of ethics (which one?) \_\_\_\_\_
2. I am / am not covered by professional indemnity insurance in relation to my clinical practice.
3. There have / have not been, and are/are not any concerns or complaints of a professional or criminal nature that should be brought to the attention of the course
4. I am /am not aware of any reason why I should not/may not be suitable to engage in clinical work at the moment.

**Declaration of undertaking:**

***I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, or failure to disclose information relevant to this application may result in my application being rejected/registration being terminated.***

Signature ..... Date .....

Please enclose a C.V.,  2 passport photos,  & copies of relevant Certificates,  with this completed application and forward to:

Eileen Prendiville, CTC, Tír Na nÓg, Slievenagorta, Ballymore, Mullingar, Co. Westmeath

Phone: 087-6488149

**E-Mail:** [childrenstherapycentre@gmail.com](mailto:childrenstherapycentre@gmail.com) **Website:** [www.childrenstherapycentre.ie](http://www.childrenstherapycentre.ie)

**For Office Use Only**

Interview arranged and attended	Date:	Attended?
Garda Statement and Photo Id. received		
Professional Declaration received		
References received	1.	2.
Insurance cover confirmed	Company:	Policy No:
Outcome of application		