Application Form

The Institute for Arts in Therapy and Education

Please complete this application form in BLOCK CAPITALS and in black ink

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| **1. Full title of course and location to which you are applying** |
| **Course title**: |  Diploma |
| **Location:** |  North Wales NQT starting 3.10.22 |

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| **2. Personal Details** |
| **Title:** Dr / Mr / Ms / Miss / Mrs: |  |
| **Surname / Family Name:** |  |
| **Previous Name:** |  |
| **First Name(s):** |  |
| **Home Address:** |  |
| **Postcode:** |  |
| **Telephone number (including STD code)** |
| Primary: |  |
| Secondary: |  |
| **Email:** |  |
| **Sex:** | Male Female Prefer not to say / other  |
| **Date of Birth:** |  |

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| **3. Funding** |  |  |
| Is your employer funding your place? Yes No Part funded  |
| If Yes please state the invoicing details |  | If part funded please provide details |
| **Name: Address:****Email:** |  |  |

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| **4. Delegate pack** |
| Included in your delegate pack will be a delegate handbook and one set of Dr Margot Sunderland’s cards. Please tick which cards you would like:Helping teenagers talk about their lives or Helping children talk about their lives Would you like the cards in English or Welsh Would you like the delegate handbook in English or Welsh |



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| **5. DBS Certificate** |
| Do you have a DBS Certificate?Yes No  |
| DBS Certificate Number: |

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| **6. Employment** |
| Employer’s Name and Address | From Month & Year | To Month & Year | Position Held | Full-time or Part-time | Brief outline of duties |
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| **7. Psychotherapy / Counselling / Psychology Training (for direct entry level 2 applicants only)** |
| Institution – Name and Address | Subject(s) | Grades / Division / Class | Date Started and Date Awarded |
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| **8. Membership of Professional Organisations** |
| Institution | Name and Address | Date Membership issued |
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**9. How did you hear about the course at Trauma Informed Schools UK?**

**10. Are you currently taking any medication for mental health / psychiatric reasons? Please specify (Please note: this is to support you)**

**11. Have you in the past had any psychiatric / mental health care? (If so, briefly detail the nature of this giving dates. (Please note this is to support you, we adopt an equal opportunities policy)**

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| **12. Major Trauma** |
| Have you suffered major trauma? e.g. witnessing or experiencing extreme violence or sexual abuse? Yes No If YES please provide a brief statement describing the trauma: |

**13. Please state whether your psychiatric / mental health care is still on-going (if so, please briefly detail the nature of this)**

**14. Details of Personal Psychotherapy and Clinical Supervision (please give details)**

**15. Details of Vocational Experience in Education or Work with Children**

**Name:**

**Name:**

**Post Held:**

**Post Held:**

**Address:**

**Address:**

**Telephone**

**No:**

**Email:**

**Telephone**

**No:**

**Email:**

**REFEREE 2**

**REFEREE 1**

**16. Name and Address of Referee(s)**

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| **17. Work-based learning** |
| You will need to have a setting for work-based learning in place at the start of the course, this may be your current employer. Please detail how will you be implementing learning from the course with children and adults. You will need 50 hours over the duration of the course, but this can be as part of your ongoing work with children or adults supporting children. |
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| **18. Personal Statement (Please continue on a separate sheet if required)** |
| Why do you want to do this course? |
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| **19. Disability / Additional Educational Needs (Please tick the appropriate box)** |
| We encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs. |

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| 1. No Disability
2. Dyslexia
3. Blind / Partially Sighted
4. Deaf / Hearing Impairment
 | 1. Wheelchair User / Mobility Difficulties
2. Personal Care Support
3. Mental Health Difficulties
4. Unseen Disability
 | 1. Multiple Disabilities
2. Other Disability not listed
3. Autistic Spectrum
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| If disabled, please provide brief details: |  |

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| **20. Ethnic Origin** |
| The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background |
| **A.** White British Irish Any other White background (please specify below): |
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| **B.** Mixed White and Black Caribbean White and Black African Any other Mixed background (please specify below): |
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| **C.** Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background (please specify below): |
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| **D.** Black or Black British Caribbean African Any other Black background (please specify below): |
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| **E.** Chinese or other ethnic group Chinese Any other (please specify below): |
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| **Country of Birth:** |
| **Country that you normally live in:** |
| **Nationality/dual nationality (as per your passport):** |

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| **21. Emergency Contact** |
| **Name:** | **Phone:** |
| **Address:** |  |

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| **22. Declaration** |
| I declare that the information given is true in all respectsI have read and understood the Privacy Policy on the TISUK Website. |
| **Signature of Applicant:** |  | **Date:** |  |