

**CAMBRIDGE BODY PSYCHOTHERAPY CENTRE
TRAINING OFFICE
8 WETENHALL ROAD
CAMBRIDGE CB1 3AG
PHONE: (01223) 214658**

Please affix photo here

CONFIDENTIAL

APPLICATION FOR TRAINING IN BODY PSYCHOTHERAPY

Please complete this form, attach a passport size photograph of yourself, enclose the application fee of £70.00 (Please make cheques payable to: CBPC and return it to the above address).

You will be invited for an interview in due course on receipt of this form.

NAME:

ADDRESS:

DATE OF BIRTH:

HOME TELEPHONE:

E-MAIL:

WORK TELEPHONE

:

BRIEF DETAILS OF EXAMINATIONS TAKEN:

PROFESSIONAL QUALIFICATIONS:

PRESENT OCCUPATION:

BRIEF DETAILS OF WORK HISTORY (length of time in each position, reason for leaving, etc.):

PRESENT LIVING SITUATION:

HAVE YOU EVER BEEN TREATED FOR EMOTIONAL/PSYCHIATRIC DIFFICULTIES?

if yes, please give brief details:

ARE YOU CURRENTLY SUFFERING FROM ANY PHYSICAL ILLNESSES?

if yes, please give details:

HAVE YOU EVER BEEN TREATED FOR ANY OF THE FOLLOWING:

EPILEPSY:

CARDIAC CONDITIONS:

RESPIRATORY CONDITIONS:

DIABETES:

if yes please give details:

ARE YOU CURRENTLY TAKING ANY MEDICATION?

if yes please give details:

HAVE YOU BEEN IN PSYCHOTHERAPY OR ANY OTHER THERAPY?

if yes, please give the name of your therapist, the therapy, when you started the therapy, its frequency and when it ended

NAME AND ADDRESS OF YOUR G.P.:

DO YOU HAVE ANY CRIMINAL RECORD?

if yes please give details:

DO YOU HAVE ANY EXPERIENCE OF WORKING WITH PEOPLE, EITHER PAID OR UNPAID?

if yes please give details:

WHAT DO YOU LIKE TO DO IN YOUR SPARE TIME?

Please write as much as you like about the following questions on a separate sheet of paper:

1. How do you feel about what you have been doing in your life over the last few years?
2. What are you avoiding in your life? What enlivens you?
3. Why do you want to train as a body psychotherapist? What qualities do you have, which would suit you to the work of a psychotherapist?
4. What are your thoughts and feelings about committing yourself? How seriously or lightly do you take it? Please apply this to your participation in this training.
5. Please describe your attitude and feelings about your body.
6. How do you maintain your physical/emotional/mental/spiritual well being? What are your stumbling blocks in this regard?
7. Are there any outstanding events in your personal history which you consider important for us to know?
8. Write anything else you imagine might be relevant to your getting into this training.

Signature:

Date: