

APPLICATION FOR ACCREDITATION OF PRIOR LEARNING AND POST QUALIFYING
DIPLOMA IN BODY PSYCHOTHERAPY



Please read this in conjunction with the information on the Post-Qualifying Body
Psychotherapy Training.

Please complete this form and email it to gillwestland@cbpc.org.uk

Please make a Bank Transfer for £100.00 payable to CBPC (processing fee). Bank details
are at the end of the application.

Title

Date of Birth

First Names

Surname

House Name / No

Street

Town:

County

Country:

Tel (including dial code):

Mobile:

E-mail:

Professional Registration e.g. UKCP, BACP

Please give registration numbers and provide a photocopy of your registration(s) for the
current year.

PRESENT OCCUPATION

Give brief details

PSYCHOTHERAPY

Individual Body Psychotherapy

Please describe any individual body psychotherapy that you have completed. Provide
dates, frequency, total hours, name of psychotherapist and their qualifications.

Other counselling, psychoanalysis, psychotherapy

Please describe any individual counselling, psychoanalysis, or psychotherapy that you have completed. Provide dates, frequency, total hours, name of practitioner and their qualifications.

TRAINING

Training in Body Psychotherapy

Please include details of a body psychotherapy modality in which you are trained, the organisation, when you did this, for how many hours over what period of time.

Please include as much detail as possible of the course syllabus - theory, skills, written work completed. Also the training staff and their qualifications.

Training in counselling/psychotherapy/psychoanalysis

Please describe any training in counselling, psychotherapy, psychoanalysis etc.

Give details of where you trained, over what time period, hours of training, key trainers/tutors. Please send photocopies of Certificates and Diplomas.

CLINICAL WORK WITH CLIENTS

Body psychotherapy

Please describe any individual body psychotherapy that you have conducted with clients. Give dates and hours and context of the work. Please only include clinical work where your contract was to deliver body psychotherapy.

Counselling/Psychotherapy/Psychoanalysis

Please describe counselling/psychotherapy/psychoanalysis that you have conducted.

Give dates and hours and context of the work.

SUPERVISION

Body Psychotherapy Supervision

Please provide and evidence supervision of body psychotherapy that you have received.

Give the names of the supervisor, their qualifications, hours and dates completed.

CAMBRIDGE BODY PSYCHOTHERAPY CENTRE

Supervision of Counselling/Psychotherapy/Psychoanalysis

Please provide and evidence supervision of any counselling, psychotherapy, psychoanalysis that you have received. Give the names of the supervisor, their qualifications, hours and dates completed.

CONTINUING PROFESSIONAL DEVELOPMENT

Please give details of significant and most recent Continuing Professional Development that you have undertaken. Give dates and details and provide photocopies of any certificates etc.

HEALTH AND WELL-BEING

Present living situation

Please describe

Support and leisure time

What do you like to do in your spare time?

Medical information

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:

DO YOU HAVE ANY CRIMINAL RECORD?

if yes please give details:

PERSONAL REFLECTIONS

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 body psychotherapist?
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 you gaining a place on this training.

REFERENCE

Please provide two references. One should be from someone who knows about your clinical work. This could be a supervisor. Please give their names and contact details.

- 1.
- 2.

Signature:

Date:

BANK DETAILS

Please ensure that you are identified as the payee.

The Co-operative Bank Community Directplus Account
Account: CAMBRIDGE BODY PSYCHOTHERAPY CENTRE
Sort Code: 089299 Account Number: 65264959 00
International Bank Account Number: GB89 CPBK 0892 9965 2649 59