

# Society for Psychology & Healing

The Training Division of The Marian Association  
a non-denominational Trust for Healing and Education  
Registered Charity No. 1046055. Patron: The Revd. Donald Reeves MBE.

## APPLICATION FORM:

**The MA in Psychotherapy & Healing Practice/PGDip.**  
**Validated by Middlesex University. 2 years part-time. [Annual April Intake]**  
**(This form may also be used for the Foundation Course – 10 Monday evenings from January.)**

Please complete and return this form together with your Application fee of £40 and two passport-sized photographs with your name on the reverse. The Application fee includes administration and a personal interview. On the offer and acceptance of a place a Registration fee of £75 is payable to secure the place. Please use this form for all applications. (Cheques are payable to: [The Marian Association](#)).

Your name ..... Ms/Mrs/Mr/Dr

Address .....

.....

..... Post code .....

Tel no(s): Daytime ..... Evenings .....

Best time to phone ..... Email: .....

Date of Birth ..... Place of Birth ..... Ethnicity .....

Children under 18 .....

Current occupation:

Duration/dates:

If employed, does your current employer know and approve that you are planning to undertake a new course of study in this field?

Previous position:

Duration/dates:

Education and Further Education, Degree(s) or Diplomas with awarding body and dates:

Do you have any previous training in counselling, healing, complementary fields, voluntary?  
With dates and awards:

Are you an NFSH member? If so, please give dates of training and Parts taken:

Have you practised at an NFSH or other healing clinic? Please give dates, frequency:

Do you have any other voluntary experience in a community or group setting?

Please say briefly what you hope to achieve from taking the course and whether there is an area of work which particularly interests you:

Are you currently working with clients? If so, please give number of sessions on average per week and your orientation:

Could you say which authors or teachers have been important to you?

Are you in therapy, or have you been in therapy in the past? If so, please give duration, frequency and orientation of your therapist:

Any other comments you would like to make about your reasons for taking the course or personal circumstances you would like us to know about?

Please note: The MA Study Group for this intake will be Mondays in term-time, 2.15 – 5.15 pm. Kindly indicate if this time is acceptable .....

Please indicate if you are applying for the Foundation course, 7 – 9.15, 10 Monday evenings from mid-January ..... or the MA ..... or potentially both .....

***Thank you for completing this form. Please return it with your two passport photos and Registration fee to:***

The Secretary, Society for Psychology & Healing, West Hill House, 6 Swain's Lane, Highgate, London N6 6QS. Tel: 020 8340 1306. Fax: 020 8348 3210.  
email: [SOPH@marian2000.org.uk](mailto:SOPH@marian2000.org.uk). Website: [www.marian2000.org.uk](http://www.marian2000.org.uk).

**NB: If there are postal difficulties, this form may be returned by email attachment to: [SOPH@marian2000.org.uk](mailto:SOPH@marian2000.org.uk). The application fee and passport photos will be dealt with separately by administration.**

Should you have any queries at all at this stage, please do not hesitate to let us know.