

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]**

Please also use for CBT/CAT application or Foundation course (Jan/Feb intakes).

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 indicate the course you are applying for: MA ____ CBT/CAT ____ Foundation _____

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. Website: www.marian2000.org.uk.

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

