



THERAPY AND COUNSELLING TEESSIDE

44 Newcomen Terrace

REDCAR

Cleveland

TS10 1DB

01642 491212

www.tact-ltd.co.uk

APPLICATION FORM

PERSONAL INFORMATION	
Name:	Date of Birth:
Address:	
Post Code:	Telephone Number:
Email Address:	

COURSE TITLE (Please tick the appropriate box)	
Diploma in Integrative Psychotherapy - Adult Parent Perspective	<input type="checkbox"/>
Diploma in Child Psychotherapeutic Counselling	<input type="checkbox"/>
Diploma in Supervision	<input type="checkbox"/>

PROFESSIONAL QUALIFICATIONS (Please indicate dates)	
	Dates

EDUCATION		
School/College/University	Examinations Passed	Dates

PROFESSIONAL EXPERIENCE			
Nature of work	Employer	Paid / Voluntary	Dates

OTHER EXPERIENCE (Please indicate dates)	
	Dates

PERSONAL STATEMENT

For what reason(s) do you want to attend this training programme?

Describe your personal strengths and attributes which you believe will help you to be a Psychotherapist/Child Psychotherapeutic Counsellor

Have you received counselling or psychotherapy? YES / NO
If YES, please give details below:

You will need two referees, one of whom has known you for at least two years in a professional capacity. Please take responsibility for forwarding two reference forms to your referees requesting them to return the completed forms directly to us.

Names and addresses of two referees and connection in which known.	
Referee 1	Referee 2
Connection:	Connection:

EQUAL OPPORTUNITIES QUESTIONNAIRE

The information you provide may be stored on TACT computers in compliance with Data Protection Act. This information will not adversely influence your application.

Race and Ethnicity

- a) The following categories are based on advice provided by the CRE (Commission of Racial Equality). Please circle which category you belong.

White / Black African / Black Caribbean / Black Other / Indian, Pakistani or Bangladeshi / Chinese / South East Asia / Irish

Other (please specify):

Combination of these (please specify):

- b) If these categories seem in appropriate or inadequate to you, how would you wish to describe yourself?

Please indicate:

- a) Do you have a disability?

Is it a mobility disability?

Is it a sensory disability?

Other (please specify):

- b) Are you on any disability register?

If YES, please specify:

Would you like to describe your sexual orientation? (please circle)

YES NO

If yes how would you describe your sexual orientation?

Would you describe yourself as a practicing member of any religion? (please circle)

YES NO

If yes please can you indicate which faith.

Do you feel discriminated against in:

- a) The application procedures for this course?

If YES, in what way?

Any additional comments?

CRIMINAL CONVICTIONS

Have you ever been convicted, cautioned, bound over or have a conviction pending in respect of any criminal offence which is not considered spent? (see note below)

YES / NO

If YES, please specify, date of caution; bound over conviction; court; nature of offence and sentence imposed or nature of conviction pending.

NOTE:

- a) You are advised that under the provision of the Rehabilitation of Offenders Act 1974, (*Exceptions*) Amendment Order 1986 a person should declare ALL convictions where working with children.
- b) Disclosure of a conviction does not automatically debar applicants from consideration. *The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.*
- c) The information provided will be treated as strictly confidential and will be considered only in relation to this application for training.

DECLARATION

By signing below you are declaring that all the information you have provided in the completion of this application form is correct.

Signed..... Date.....

PLEASE RETURN THIS COMPLETED FORM TO: Therapy and Counselling Teesside, 44 Newcomen Terrace, REDCAR, Cleveland. TS10 1DB

July 2025