

Centre for Counselling and Psychotherapy Education

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APPLICATION FORM FOUNDATION COURSE

Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Occupation: _____

Education: (O/A Levels, GCSE, University, etc.)

Do you have any previous experience of personal therapy or therapeutic training/experience?

Do you follow any form of spiritual practice/belief?

Do you practise meditation and what form?

Please comment on your views regarding the requirement to enter personal therapy (at your own expense) for the duration of the course:

Why are you applying for this particular course?

Evaluate the support system, both personal and material, you have for undertaking the training.

Is there any information that we should know about regarding your present or past circumstances e.g. criminal record, psychiatric history, special needs etc?
