



MA APPLICATION FORM

INTEGRATIVE PSYCHOTHERAPY

This form is for use by **MA/PGDip** candidates only. Please ensure that all questions are answered fully and boxes ticked where appropriate. When completed, return this form to the Postgraduate Administrator, London School of Theology, Green Lane, Northwood, Middlesex, HA6 2UW, United Kingdom.

Please complete in BLOCK CAPITALS

**GENERAL
INFORMATION**

Proposed starting date (year) _____

Mr/Mrs/Miss/Ms/Rev/Dr _____

Surname _____

First Names _____
NB: YOUR NAME AS IT APPEARS HERE WILL EVENTUALLY BE USED ON YOUR DEGREE AWARD CERTIFICATE

Date of Birth (day/month/year) _____

Nationality _____

Ethnicity _____

Passport No _____

Home Address _____

Postcode _____

Telephone Number: (including full area dialling code) _____

Mobile _____

Email _____

Correspondence Address (if different) _____

Postcode _____

QUALIFICATIONS

Please provide details of all qualifications (excluding GCSE and A levels) with most recent first.

Qualification title _____

Year obtained _____

Examining body _____

University or College _____

Type of degree (ordinary, honours) _____

Class of degree or grading of other qualification _____

Main subject (s) _____

PROFESSIONAL MEMBERSHIP

Please indicate if you have completed any other professional or theological training.

Please give details of the Professional organisation(s) to which you belong (e.g. BACP, ACC)

Name _____

Membership since _____

Type of membership (e.g., student, general) _____

Have you been or are you currently the subject of a complaints procedure by this or any professional organisation?

Yes No

If yes, please provide brief details: _____

CLINICAL EXPERIENCE

Please provide information on the placements or agencies you have worked in, whether paid or voluntary, the title of your roles and the details of your current clinical counselling practice.

Please indicate how many clinical hours experience you currently have

PAST CLINICAL EXPERIENCE

Name of placement/agency _____

Address _____

Email: _____

Client group (e.g., general, addictions, children) _____

Start date _____

Finish date _____

Reason for leaving _____

CURRENT CLINICAL EXPERIENCE

Name of Placement _____

Address _____

Email: _____

Client group _____

Start date _____

SUPERVISION

Please indicate your current arrangements for your supervision

Supervisor's name _____

Address _____

Telephone: _____

Email: _____

Frequency, length and type of contact (e.g., one and a half hours per month, one to one)

THERAPEUTIC APPROACH

Please provide a brief description of your own therapeutic approach to psychotherapy/counselling (e.g., psychodynamic, integration of the Waverly model and Internal Family Systems, Person Centred)

REFEREES

Please provide the name of two referees, one for clinical reference and one academic:

1. Clinical Reference

Name _____

Relation to you _____

Address _____

Email: _____

2. Academic Reference

Name _____

Relation to you _____

Address _____

Email: _____

FOR OVERSEAS APPLICANTS

(Entry to the programme is conditional on the attainment of a standard of proficiency in the English language). Please tick one:

- I confirm that the principal language of instruction and assessment in my schooling or undergraduate degree was English
- I have taken one of the tests recommended:

Name of Test _____

REGISTRATION

For which mode of study do you wish to register? Full-time Part-time

Full-time

Full-time candidates are expected to pursue their programme for an average of five days per week (approximately 30 hours per week).

Part-time

Part-time candidates are expected to pursue their programme for an average of two days per week (18 hours or more per week)

THREE OPTIONS TO BE CHOSEN FROM THE FOLLOWING LIST:

Please note all options are subject to availability

- Addictions
- Contemporary Cognitive Approaches
- Systems of Relationship
- The Use of Art in Therapy

Please name two or three academic level theology books you have read recently.

FINANCE

Please provide details of any scholarship or grant application made for your proposed course, giving name, value and duration.

Already awarded Result pending

If you do not obtain an award, how do you plan to pay your fees and living expenses?

PERSONAL DETAILS

If you have not lived in the UK since birth,

when did your present period of residence start? (d/m/y): _____

Do you have a disability, special need or medical condition

which it would be helpful for us to be aware of? _____

If yes, please tick below as appropriate:

- | | |
|---|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/partially sighte |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Wheelchair user/mobility difficul tie |
| <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Unseen disability e.g. diabetes/epilepsy/heart condition |
| <input type="checkbox"/> Special dietary requirements | <input type="checkbox"/> Other (please specify) |

FAMILY DETAILS

Spouse's name _____

Children's names and dates of birth _____

CRIMINAL CONVICTIONS

If you have a current (unspent) relevant criminal conviction please tick here

If you tick the box above please enclose all details relating to your offence and conviction, including dates and court convicted at. This information should be sent with this application form in a separate sealed envelope, clearly marked confidential with your name on it.

Disclosure information will be handled and disposed of securely by Middlesex University and the London School of Theology in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

Middlesex University Policy Statements: Recruitment of Ex-Offenders to Programmes of Study or Posts (HRPS27) and Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information (HRPS28) detail how the university will handle this information.

The policies listed above are available online at <http://www.mdx.ac.uk/research/degrees/routes.asp>.

Further information is available from the Admissions Manager, Academic Registry, Middlesex University

OVERSEAS CANDIDATES ONLY

If offered a place, is it your intention to have your family accompany you? Yes No

If no, what arrangements have been made for their care in your absence?

DECLARATION

Any statements on this form which prove to be untrue or purposely misleading will cause the application to be cancelled.

Declaration:

I confirm that the information given in this form is true, complete and accurate: no information requested or other material information has been omitted. I consent to the processing of this data by Middlesex University and London School of Theology for educational purposes under the provision of the 1998 Data Protection Act.

Applicant's name _____ Date _____

PLEASE NOTE A £30 APPLICATION FEE IS REQUIRED WITH THIS FORM

ANY APPLICANT REQUIRING A VISA TO STUDY IN THE U.K. NEEDS TO ENCLOSE A £40 APPLICATION (NOT £30) TO COVER COST OF CAS (CONFIRMATION OF ACCEPTANCE FOR STUDY).

Please note Bank Details for transfers: Account name: London School of Theology

Bank name: National Westminster Bank Plc.

Bank branch address: Northwood Branch, 37 Green Lane, Northwood, Middx, HA6 3AF

SortCode: 60-15-30

Account number: 31797008

IBAN number: GB 59NWBK60153031797008

BIC number: NWBK GB 2L

All charges to be paid by the Remitter

Please ask the bank to quote your Name & MA Application

Please make cheques payable to London School of Theology

Forms which are incorrectly completed will delay the decision making process. All applicants must carefully review the completed form, in particular checking that all required information has been completed in full before sending the form back to London School of Theology. **Please include all relevant transcripts and application fee.**

MA DEGREE APPLICATION

London School of Theology Supplementary Information

OTHER INFORMATION

How did you hear of London School of Theology? _____

Why do you wish to read for this degree? _____

Why do you wish to do so here in particular? _____

APPLICANTS NOT BORN IN THE UK/EU MUST ANSWER THE FOLLOWING:

Last date of entry to the UK/EU excluding holidays?

Day: _____ Month: _____ Year: _____

Have you applied for Refugee or Asylum status in the UK?

Yes No

Have you been granted indefinite leave to remain in the UK?

Yes No

Date Permanent Residence was granted: _____

Please enclose copies of your Home Office documentation

Have you entered the UK on a visa?

Yes No

Date of visa expiry: _____

Passport Number: _____

Will you require a Tier 4 Student Visa to complete this MA programme?

Yes No