

# Application Form

## The Institute for Arts in Therapy and Education

Please complete this application form in BLOCK CAPITALS and in black ink

### 1. Full title of course and location to which you are applying

**Course title:**

**Location:**

### 2. Personal Details

**Title:** Dr / Mr / Ms / Miss / Mrs:

**Surname / Family Name:**

**Previous Name:**

**First Name(s):**

**Home Address:**

**Postcode:**

**Telephone number (including STD code)**

Primary:

Secondary:

**Email:**

**Sex:** Male      Female      Prefer not to say / other

**Date of Birth:**

### 3. Funding

Is your employer funding your place?    Yes      No      Part funded

If Yes please state the invoicing details

If part funded please provide details

**Name:**

**Address:**

**Email:**

#### 4. Delegate pack

Included in your delegate pack will be a delegate handbook and one set of Dr Margot Sunderland's cards. Please tick which cards you would like:

Helping teenagers talk about their lives  or Helping children talk about their lives

Would you like the cards in English  or Welsh

Would you like the delegate handbook in English  or Welsh

#### 5. DBS Certificate

Do you have a DBS Certificate?

Yes  No

DBS Certificate Number:

#### 6. Employment

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief outline of duties

#### 7. Psychotherapy / Counselling / Psychology Training (for direct entry level 2 applicants only)

Institution – Name and Address	Subject(s)	Grades / Division / Class	Date Started and Date Awarded

## 8. Membership of Professional Organisations

Institution	Name and Address	Date Membership issued

## 9. How did you hear about the course at Trauma Informed Schools UK?

## 10. Are you currently taking any medication for mental health / psychiatric reasons? Please specify (Please note: this is to support you)

## 11. Have you in the past had any psychiatric / mental health care? (If so, briefly detail the nature of this giving dates. (Please note this is to support you, we adopt an equal opportunities policy)

## 12. Major Trauma

Have you suffered major trauma? e.g. witnessing or experiencing extreme violence or sexual abuse?

Yes      No

If YES please provide a brief statement describing the trauma:

**13. Please state whether your psychiatric / mental health care is still on-going (if so, please briefly detail the nature of this)**

Empty response area for question 13.

**14. Details of Personal Psychotherapy and Clinical Supervision (please give details)**

Empty response area for question 14.

**15. Details of Vocational Experience in Education or Work with Children**

Empty response area for question 15.

**16. Name and Address of Referee(s)**

REFEREE 1	REFEREE 2
Name:	Name:
Post Held:	Post Held:
Address:	Address:
Telephone No:	Telephone No:
Email:	Email:

### 17. Work-based learning

You will need to have a setting for work-based learning in place at the start of the course, this may be your current employer. Please detail how will you be implementing learning from the course with children and adults. You will need 50 hours over the duration of the course, but this can be as part of your ongoing work with children or adults supporting children.

### 18. Personal Statement (Please continue on a separate sheet if required)

Why do you want to do this course?

### 19. Disability / Additional Educational Needs (Please tick the appropriate box)

We encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- |                              |  |                                |
|------------------------------|--|--------------------------------|
| 0. No Disability             | 4. Wheelchair User / Mobility Difficulties | 8. Multiple Disabilities       |
| 1. Dyslexia                  | 5. Personal Care Support                   | 9. Other Disability not listed |
| 2. Blind / Partially Sighted | 6. Mental Health Difficulties              | 10. Autistic Spectrum          |
| 3. Deaf / Hearing Impairment | 7. Unseen Disability                       |                                |

If disabled, please provide brief details:

## 20. Ethnic Origin

The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background

**A. White**    British    Irish    Any other White background (please specify below):

**B. Mixed**    White and Black Caribbean    White and Black African  
Any other Mixed background (please specify below):

**C. Asian or Asian British**    Indian    Pakistani    Bangladeshi  
Any other Asian background (please specify below):

**D. Black or Black British**    Caribbean    African    Any other Black background (please specify below):

**E. Chinese or other ethnic group**    Chinese    Any other (please specify below):

**Country of Birth:**

**Country that you normally live in:**

**Nationality/dual nationality (as per your passport):**

## 21. Emergency Contact

**Name:**

**Phone:**

**Address:**

## 22. Declaration

I declare that the information given is true in all respects  
I have read and understood the Privacy Policy on the TISUK Website.

**Signature of Applicant:**

**Date:**