

# TURNING POINT TRAINING INSTITUTE

## MSc in Integrative Counselling and Psychotherapy

THE MSc IN INTEGRATIVE COUNSELLING & PSYCHOTHERAPY IS VALIDATED AND AWARDED BY  
UNIVERSITY COLLEGE CORK

### APPLICATION FORM

This form must be completed in detail and continued on extra sheets where necessary.

Name:

Address:

Telephone: Home:                                  Work:                                  Mobile:

E-mail:

Date of Birth:

\* An e-mail address is necessary for communication during this course

How did you hear about this Course?

Completed form along with a non-refundable application fee of €150 should be sent to: Training Co-ordinator  
Turning Point Training Institute  
23 Herbert Street, Dublin 2

Cheques/Bank Draft should be made payable to:  
Turning Point Training Institute Ltd. or abbreviate to TPTI Ltd.



# EDUCATIONAL BACKGROUND

## 2<sup>ND</sup> LEVEL

FROM	TO	NAME OF INSTITUTION	AWARD/QUALIFICATION
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## 3<sup>RD</sup> LEVEL

FROM	TO	NAME OF INSTITUTION	AWARD/QUALIFICATION
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## OTHER RELEVANT TRAINING COURSES

FROM	TO	NAME OF INSTITUTION	AWARD/QUALIFICATION
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## RELEVANT PERSONAL DEVELOPMENT COURSES

FROM	TO	NAME OF INSTITUTION	AWARD/QUALIFICATION
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# EMPLOYMENT STATUS

## CURRENT EMPLOYMENT

FROM	TO	NAME AND ADDRESS OF EMPLOYER	NATURE OF WORK

## PREVIOUS EMPLOYMENT HISTORY

FROM	TO	NAME AND ADDRESS OF EMPLOYER	NATURE OF WORK

## WHY DID YOU CHOOSE THE CAREER/WORK YOU ARE CURRENTLY ENGAGED IN?

## PLEASE LIST ANY OTHER WORK/RELEVANT EXPERIENCE INCLUDING VOLUNTARY WORK\*

\*this includes childcare experience, youth work, medical, paramedical training etc.

# PERSONAL DETAILS

PLEASE WRITE A PERSONAL STATEMENT OF SIGNIFICANT EVENTS IN YOUR LIFE INCLUDING

A DESCRIPTION OF YOUR FAMILY OF ORIGIN AND CURRENT SUPPORT SYSTEM

A DESCRIPTION OF YOUR HEALTH, BOTH PHYSICAL AND PSYCHOLOGICAL

PLEASE GIVE DETAILS OF ANY CURRENT MEDICATION YOU ARE TAKING

GARDA VETTING IS A REQUIREMENT FOR THE CLINICAL COMPONENT OF THE COURSE

PLEASE INDICATE BELOW IF YOU ARE AGREEABLE TO GARDA VETTING

YES

NO

DETAILS OF CURRENT OR PAST PERSONAL COUNSELLING OR PSYCHOTHERAPY UNDERTAKEN

[Empty text area for details of current or past personal counselling or psychotherapy undertaken]

INTERESTS/HOBBIES

[Empty text area for interests/hobbies]

WHAT CHANGES WOULD YOU LIKE TO SEE HAPPEN IN YOUR LIFE DURING THE NEXT 5 YEARS?

[Empty text area for changes wanted in life during the next 5 years]

PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF 2 REFEREES WHO MAY BE CONTACTED FOR REFERENCES

1.

[Empty text area for referee 1 details]

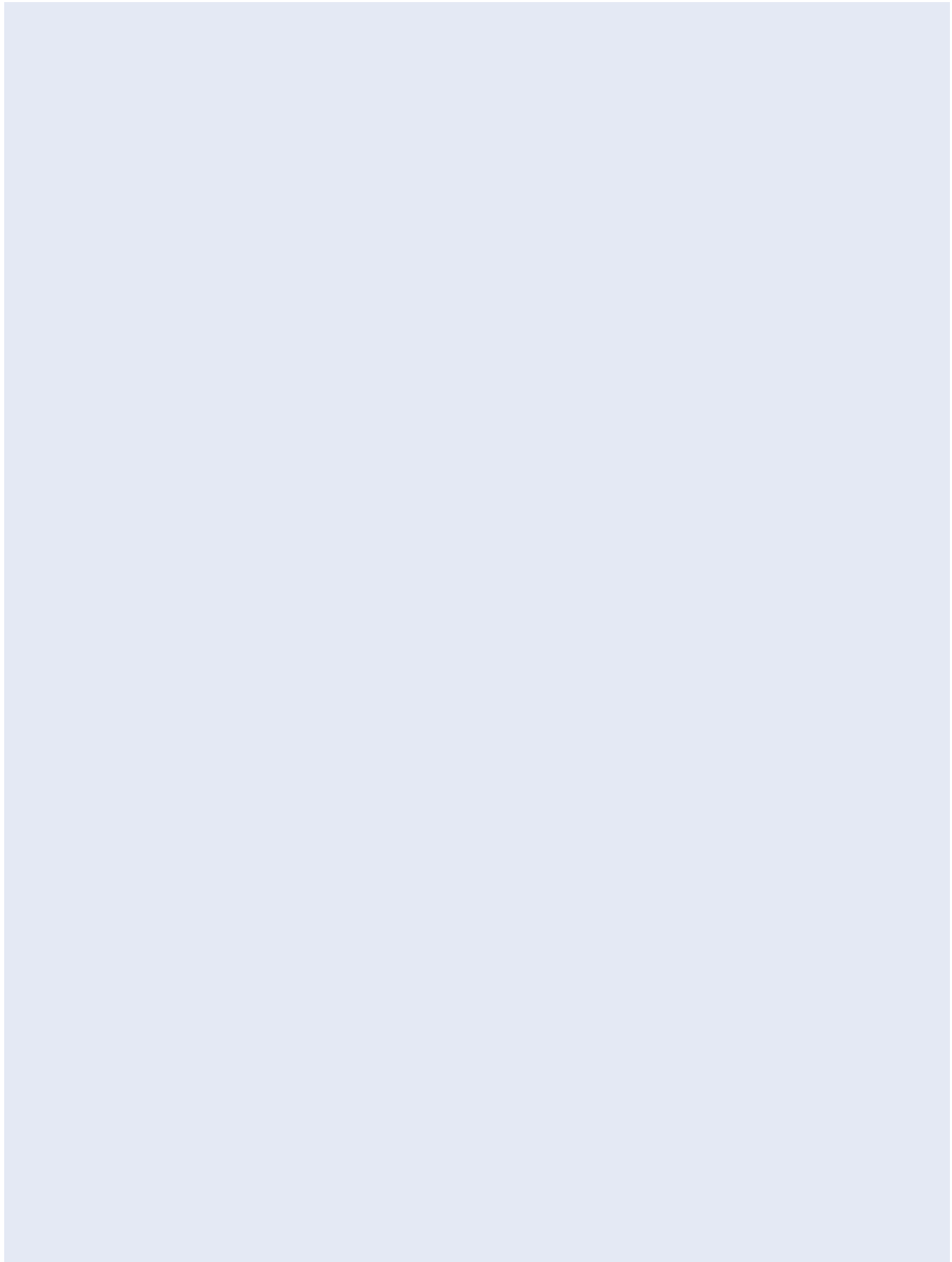
TELEPHONE:

2.

[Empty text area for referee 2 details]

TELEPHONE:

DESCRIBE YOUR MOTIVATION IN APPLYING FOR THIS COURSE  
(PLEASE WRITE A MINIMUM OF 300 WORDS, ADD EXTRA PAGES IF NECESSARY)



SIGNATURE:

DATE: