 

**TURNING POINT™ 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: Mobile:

 E-mail:

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

 Date of Birth:

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™ Institute

23 Herbert Street, Dublin 2

Cheques/Bank Draft should be made payable to:

Turning Point Training Institute Ltd. or abbreviate to TPTI Ltd.

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# EDUCATIONAL BACKGROUND

2ND LEVEL

FROM TO NAME OF INSTITUTION AWARD/QUALIFCATION

3RD LEVEL

FROM TO NAME OF INSTITUTION AWARD/QUALIFCATION

OTHER RELEVANT TRAINING COURSES

FROM TO

RELEVANT PERSONAL DEVELOPMENT COURSES

FROM TO

# 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 CURRRENTLY 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

INTERESTS/HOBBIES

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

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

1.

TELEPHONE:

2.

TELEPHONE:

DESCRIBE YOUR MOTIVATION IN APPLYING FOR THIS COURSE

(PLEASE WRITE A MINIMUM OF 300 WORDS, ADD EXTRA PAGES IF NECESSARY)

DATE:

SIGNATURE:

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