

Oxford Institute of Clinical Psychology Training

Validated by the
University of Oxford



Application form for PG Cert in Supervision of Applied Psychological Practice

1. PERSONAL DETAILS (Please type below)

FAMILY NAME:		TITLE: (Mr, Mrs, Miss, Ms etc)			
FIRST NAME		SEX:	Male	Female	
MIDDLE NAME(S)		DATE OF BIRTH:			
TELEPHONE:	Mobile:	Home:	Work:		
EMAIL:					
HOME ADDRESS:	CORRESPONDENCE ADDRESS (if different)				
NATIONALITY:		IS ENGLISH YOUR FIRST LANGUAGE?	Yes	No	
If No please state English Language proficiency and details of any tests:(i.e. IELTS, TOEFL, Cambridge CPE, Cambridge CAE and GRE), including the overall result and constituent scores where given:					

2. CURRENT EMPLOYMENT

START DATE	EMPLOYER NAME AND ADDRESS	JOB TITLE

3. WORK EXPERIENCE

DATES	EMPLOYER NAME AND ADDRESS	JOB TITLE

4. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS/REGISTRATION (E.G. HCPC, BPS, UKCP, BACP, other)

Membership/Registration No:	Date from/to	Name of Organisation	Type of Membership

5. EDUCATION, TRAINING AND DEVELOPMENT:

College, University, or Training Establishment attended	Qualifications; actual/ expected result (including grade, degree classification etc)	Start Year	Completion Year

6. SUPERVISION EXPERIENCE

Type of supervision received e.g. individual, group, peer (include supervision you are currently receiving)	From	To	Frequency & duration (e.g. monthly, 1 hour)	Supervisor (professional background)
Type of supervision delivered e.g. individual, group, peer (include supervision you are currently delivering)	From	To	Frequency & duration (e.g. monthly, 1 hour)	Supervisee (professional background)

7. PERSONAL STATEMENT

Please provide details of your relevant clinical and supervision experience, giving examples where appropriate and attach a CV. Describe your reasons for applying and how this Programme will contribute to your professional development. Please continue on a separate sheet.

8. DISABILITY/HEALTH

Do you have any disabilities/health conditions that may need support to enable you to complete this Programme?
 Yes: () / No: (). If Yes please specify support required.

9. REFERENCES – One must be your current or most recent employer & the other a supervisor

Name: Address: Email: Tel No: Relationship to Applicant:		Name: Address: Email: Tel No: Relationship to Applicant:	
--	--	--	--

10. CRIMINAL CONVICTIONS

Do you have any unspent criminal convictions? Yes No

If yes, please detail below:

11. PAYMENT OF COURSE FEES

You are personally responsible for the payment of course fees and it is a condition of enrolment that all fees should be paid by the due date. The registration of any applicant who is in debt to the Institute may be terminated. Registration fees and tuition fees are not refundable. Applicants should note that, where only part of the course is attended, including the first week, they are nevertheless liable for the full fee for the course.

Please indicate how you will fund the course: self funded Other

If you are not self-funded please provide details of the person/organisation responsible for paying your fees

Name of Person/Organisation	Address	Tel	Email

12. HOW DID YOU HEAR ABOUT THE PROGRAMME?**13. ETHNIC BACKGROUND**

The University is required under statute to seek and return information about the ethnic background of all its Applicants for HESA (the UK Government's Higher Education Statistics Agency). The information provided is used to monitor rates of participation in Higher Education by particular groups of people.

This information will not form part of any assessment of your application.

Please enter in the box the appropriate code which best describes your ethnic background.

10 White
 15 Gipsy/Traveller
 21 Black or Black British – Caribbean
 22 Black or Black British – African
 29 Other Black background
 31 Asian or Asian British – Indian

32 Asian or Asian British – Pakistani
 33 Asian or Asian British – Bangladeshi
 34 Chinese
 39 Other Asian background
 41 Mixed - White and Black Caribbean
 42 Mixed - White and Black African

43 Mixed - White and Asian
 49 Other Mixed background
 50 Arab
 80 Other ethnic background
 90 Not known
 (If you do not wish to specify your ethnic background please enter code 98).

14. DECLARATION

- I confirm that the information contained in this application is correct to the best of my knowledge.
- I give consent for the processing of my data by The Institute of Clinical Psychology Training in accordance with the Data Protection Act 1998
- The data given is also subject to the Freedom of Information Act 2000
- I understand that my enrolment and registration are subject to current University of Oxford regulations
- I am aware of and agree with the interview's and programme's experiential content which require high levels of reflexivity and personal disclosure
-

SIGNATURE:

DATE

15. FINAL CHECK LIST

Please ensure you have:

- completed all sections of the form
- included supporting documentation
- requested references from named referees
