

Flatstone Training in Humanistic & Integrative Psychotherapy

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*We shall not cease from exploration,
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time*
T.S.Eliot

Application Form

Name _____

Address _____

Tel. _____ **Email** _____

Date of Birth _____

Occupation _____

History of Education

Formal Education (Degrees, Diplomas, Certificates) **Date completed**

Other Education and Qualifications **Date completed**

Have you undertaken any previous training in Counselling or Psychotherapy?

If yes , describe _____

What has been your experience of Counselling or Psychotherapy?

Health

Describe any health issues you have, physical or mental?

Are you currently taking any medication _____

If so what are you taking _____

Family/Relations

What are the present significant relationships in your life?

Contact person in case of Emergency

Name: _____ **Tel.** _____

Why do you wish to undertake a training in psychotherapy?

What attracts you to this particular training?

What personal resources would you bring to a psychotherapy training?

What challenges/difficulties would you expect to encounter?

Please write an account of what you consider to be the most significant events of your life.

Do you believe that you have the resources necessary to complete this training?

(Take into account physical, mental, emotional, financial and time commitments)

Any further information or comments you wish to make to support your training.

Please give the names and addresses of two referees who would recommend you for this course. (State your relationship with these persons.)

Signature _____ ---Date _____