Psychotherapeutic Training Courses for Work with Traumatized Children and Young People Application Form

*Return to psychotherapeutictraining@gmail.com*

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| Name: | Address: |
| Mobile: | Email: |
|  | |
| Tell us about your interest in this course and what you are hoping to gain: | |
| What is your work role? | |
| Do you have any relevant training and/or qualifications? | |
| Please feel welcome to share anything about yourself that could have an impact on you whilst completing this course e.g. a mental health condition, recent bereavement, historic trauma.  Do you have sufficient support, time and space to complete this process-based training?    *Whilst the training group provides a supportive environment it is not a substitute for personal therapy and other forms of support. By signing up to the course you acknowledge the importance of keeping yourself safe and taking responsibility for your welfare.* | |

Sign: Date:

We process your information in alignment with GPDR 2018 principles to provide training. This information will be kept securely and destroyed at the end of the training. Should you wish to no longer receive emails from us about our training then please let us know