

**ARBOURS TRAINING PROGRAMME
APPLICATION FORM**

Name

Address

.....

.....

Tel no: (day)

Tel no: (eve)

Email address:

Qualifications
(academic and
vocational)

Present Occupation

What experience of work within a helping relationship do you already have?

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Have you had any significant illness (physical or emotional) which has required medication or treatment during the last five years? Please give details.

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How did you hear about the Arbours Training Programme?

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Please enclose a curriculum vitae; an autobiographical letter about your life, relevant experience and your reasons for applying to the Programme; the names and addresses of two referees and your registration fee of £75.00

Fees for the Training Programme are exclusive of fees for individual psychotherapy. All fees are payable to: The Arbours Training Programme.

Signed Date

Please return to: Training Administrator, Arbours Association, 6 Church Lane, London N8 7BU