

Application Form



College of Cognitive Behavioural Therapies

We will use the information you provide in section 6, 7, 8 and 9 to assess your suitability and eligibility for the course. Please fill in this form in BLOCK CAPITALS in black ink.

Section 1: Course Details

Title of Course

Course Code

Course Date

Have you studied with the College of Cognitive Behavioural Therapies before? If Yes, when?

Section 2: Personal Details

Title

Gender
(please tick)

M

F

Date
of Birth

d

d

m

m

y

y

y

y

National Insurance Number

Forename

Previous surname if appropriate

Surname

GP Name

GP Address

Section 3: Address and Other Contact Details

Address for Correspondence

Home Address if different

Postcode

Postcode

Mobile

Home Tel:

Business Tel:

Email

Please ensure that only an actively used email address is provided.
Please ensure you enable your email address to receive from admin@cbttherapies.org.uk

Section 4: Previous Education and Qualifications

Institutions attended	From	Title of Award/Qualifications
	To	

Institutions attended	From	Title of Award/Qualifications
	To	

Institutions attended	From	Title of Award/Qualifications
	To	

Professional affiliations and memberships

Section 5: Current Employment

Name and address of Employment:

Title of Post:

Full Time or Part Time:

Paid or Voluntary:

From:

To:

Section 6: References

You are required to provide the names and contact details of two referees.

Professional Referee

Name

Address

Telephone

Email

Personal Referee

Name

Address

Telephone

Email

Section 7: Statement in Support of Your Application

Please use this section to tell us why you wish to apply to study with the CCBT.
The information supplied in this section is important.

Section 8: Relevant Criminal Convictions

To help us reduce the risk of harm or injury to our staff and students caused by the criminal behaviour of others, we must know about any relevant criminal convictions that any applicant may have. We are only interested in those convictions for offences against the person, whether of a violent or sexual nature and convictions for offences involving commercial drug dealing or trafficking and dishonesty.

I have relevant criminal convictions Yes No

I have unspent criminal convictions Yes No

NB: Part 4 of the Disability Act 2005 gives us the right to exclude certain categories of applicant in the interest of public safety.

Applicants who tick the Yes box on Section 8 of this application will not be automatically excluded from the application process. However, CCBT may want to consider the application further or ask for more information before making a decision.

Section 9: Declaration

You must read and sign this declaration.

I hereby certify that the information I have given on this form is correct and complete and I agree that if accepted I will abide by the code of ethics and conduct of the CCBT. I understand that:

- I may be asked to provide documentary evidence in support of any statement made in this form.
- Copyright and intellectual property of CCBT courses and course material belong to CCBT Ltd.
- I know of no psychiatric and/or psychological disorders that may put me or my fellow students at risk of harm.
- I know of no psychiatric and/or psychological disorders that may adversely disrupt the learning experience of my fellow students.

Signed:

Date:

Where did you hear about the College of Cognitive Behavioural Therapies?