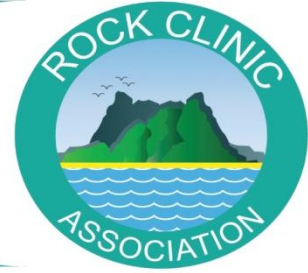


ROCK CLINIC ASSOCIATION

PATRON - CAROLINE LUCAS MP



The Rock Clinic Association INTERMEDIATE COUNSELLING AND PSYCHOTHERAPY SCHEME

Name:

Date of Birth:

Address:

Telephone No:

E-mail:

Secondary Education

Qualifications

Year

University or College (if applicable)

Qualifications

Year

Counselling training and theoretical orientation

Qualifications

Year

Previous counselling experience or placements: *(please give details)*

Name(s) of previous supervisor(s)

Experience of personal therapy:

Briefly say something about how you feel about the counselling/therapy work that you do and what apart from theory informs your practice:

References: Please give the names of two people, one of whom should have some professional experience of you.

Signed:

Date:

Please return to Melanie Withers: Clinical Director at address below.

270, Eastern Road, Brighton, East Sussex BN2 5TA

Telephone: 01273 621841 Email: office@rockclinic.org.uk

www.rockclinic.org.uk

Registered Charity Number 1057328

