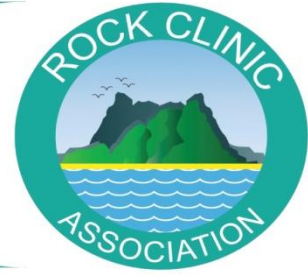


ROCK CLINIC ASSOCIATION

PATRON - CAROLINE LUCAS MP



The Rock Clinic Association TRAINEE 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 Skills Training

Qualifications:

Year

Current Counselling or Psychotherapy Training

Year of Study:

Experience of therapeutic work with people: *(please give details)*

Other relevant work experience or information:

Experience of personal therapy:

Briefly describe what you consider a therapeutic relationship to be:

Describe your current theoretical interest and orientation:

Describe those qualities you have which enable you to work therapeutically:

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