



Application form for Continuing Professional Development Group for counsellors/ therapists

Name	
Address	
Phone	
Mobile phone	
E-mail	
How long have you been practising as a therapist/counsellor?	
Please give brief details of your own personal counselling/psychotherapy (i.e. duration, frequency, modality)	
Are you registered with BACP? BPS? BPC? UKCP? Another registration body? [please specify]	
Please state relevant qualifications	

What interests you about this CPD group?

Do you have any concerns you'd like to mention?

What would you most like to get from a CPD group?

In order to protect personal and professional boundaries, practitioners may be unable to work with some other individuals in a group context [for example with other therapists with whom they work]. Please give the names of any colleagues in your locality with whom you think it would be best for you not to work in a CPD group of this nature.

Thank you for completing this form. If this is a hard copy, please return to:  
**Nick Barwick, Analytic Practice, 10 Bishops Way, Andover, Hants SP10 3EH.**  
Electronic Copies may be emailed to: [nickbarwick@ntlworld.com](mailto:nickbarwick@ntlworld.com)