



Application form for Continuing Professional Development (CPD) 'Reflective Practice Group' for experienced counselling/therapy practitioners

|   |  |
|---|--|
| 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 reflective practice group?

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

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

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

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)