Chiron Training Limited St Joseph’s Hospice

Mare Street, Hackney, E8 4SA Tel: +44(0) 208 257 7915

[www.chirontraining.org](http://www.chirontraining.org/)

# APPLICATION FORM

INTERMEDIATE LEVEL DIPLOMA IN FAMILY FOCUSED PRACTICE USING SYSTEMIC THEORY

Please fill out the form in full and return via email to admin@chirontraining.org with references. A £50 non-refundable deposit will also be payable, details of how to make payment will be sent on receipt of your application.

|  |  |
| --- | --- |
| Forename: | Surname: |
| Date of Birth: |
| Contact Number: | Mobile No: |

|  |  |
| --- | --- |
| Home Address: | Work Address: |
| Home Email: | Work Email: |

Current Job Title (if employed)

1. **FURTHER EDUCATION & PROFESSIONAL QUALIFICATIONS**

Please specify subject, place of study, year(s) of study and qualifications gained:

1. **RELEVANT WORK EXPERIENCE**

Please give details of relevant work experience, beginning with the most current:

1. **PROFESSIONAL WORK EXPERIENCE**

Please describe your professional experience with families /couples/children/young people:

1. **CLINICAL PLACEMENT**

Please describe the arrangements you have made to complete 60 hours of therapeutic work with families. Include supervision arrangements and the name of your supervisor:

1. **COURSE FEES**
2. The fee for this course is £2900. Please note a £50 non refundable deposit must be submitted with your application. Details of how to make payment will be sent on receipt of your application. (Payment by installment includes additional fees).
3. Please also state whether you are a). **funded by your employer** OR b). **Self funding** by completing the relevant section below.



**payment, please indicate your preference by typing ‘yes’**

2) Pay in three installments of £1016. (Due at the start of each term).

1) Make one Payment of £2900 in full ( Due at the start of course).

**NB** A detailed payment schedule will be sent to you with your acceptance letter.

3) Pay in 9 monthly installments of £340. (Due at the start of each month).

**b) Self Funded: There are three options for**

Organisation Invoice Address (If different to that listed previously)

Organisation name and Telephone Number:-

**a) Employer Funded: An invoice will be sent directly to you employer, please provide their details:**

Contact name and email address:-

1. **SUBMITTING YOUR APPLICATION**

Complete the form and email to admin@chirontraining.org including your two references. When we have received your application we will send you payment instructions for the £50 non refundable deposit. Your application will not be processed until we have received payment.

A Reference Request Form can be found on the following page. Please provide to your referees for completion. You are required to provide two references with your application.



Reference Request Form

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**Intermediate Level Diploma in Family Focused Practice Using Systemic Theory**

|  |
| --- |
| **Applicants Name:** |
| **Referee Name:** |
| **Referee Address:** |
| **Referee Telephone:** |
| **Referee Email Address:** |
| **Relationship to Applicant:** |
| **Please comment on:** the applicants abilities to: take on new ideas; express complex ideas in writing; meeting deadlines. Please also comment on the applicants abilities to take part in group activities and from relationships with peers, colleagues and clients. *(Please continue on separate sheet if necessary)* |