



**Liverpool Therapy Training  
 55 Rodney Street  
 Liverpool  
 L1 9ER  
 0151 709 9009**



**Application for Training**

**Please fill out all the sections below, if you have any questions regarding your application please call the number above.**

**1. Full Names.....**

**2. Address.....**

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..... **Postcode.....**

**3. Contact Telephone Numbers:**

**Home.....**

**Mobile.....**

**4. Email Address (optional).....**

**5. Relevant Previous Experience, i.e. Related job, voluntary work or receiving own counselling / psychotherapy. Please state place and duration, continue on a separate sheet if required.**

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**7. Personal Statement. Please state your reasons for applying and the goals you wish to achieve from training at Liverpool Therapy Training.**

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**8. Any other relevant information you wish to provide.**

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**Please return your completed form to:**

**The Administrator  
Liverpool Therapy Training  
55 Rodney Street  
Liverpool  
L1 9ER**

**All applications will be considered on their own merit as opposed to a 'first come first served' basis, however as places are strictly limited, applications will not be accepted if all places are already filled.**

**I declare that all the information I have provided above is true and accurate.**

**Signed.....**

**Date.....**

**Liverpool Therapy Training is part of The Liverpool Centre for Counselling and Psychotherapy.**

