|  |
| --- |
| **TCD Professional Certificate in CBT for Psychosis**  **Self-funding Candidate Application Form** |

|  |
| --- |
| **Personal Details** |
| **Name** |  |
| **Email** |  |
| **Mobile** |  |
| **Employer** |  |
| **Discipline** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Role** | | | |
| **Your current job title** | | **Grade** | |
| **Type of role (max 10 words)** | | | |
| **Employer Team** | | | |
| **Do you provide direct patient care to people with lived experience of psychosis and have access to at least 3 cases to complete course requirements?** | | | |
| **Number of years in your current role** | **Total number of years in Mental Health practice** | | **Total number of years in the an Irish mental health service** |

|  |
| --- |
| **Qualifications – required for Module (must hold one)** |
| **CBT Post graduate diploma (Name course, year completed, awarded by)** |  | |
| **Psychology (Name course, year completed, awarded by)** |  | |
| **CBTp Supervisor (CBT therapist or Psychologist)** | |
| **Name** | |  |
| **Email** | |  |
| **Mobile** | |  |
| **I have discussed this matter with CBT supervisor and they are willing to provide monthly supervision** | |  |

|  |
| --- |
| **Line Manager** |
| **Name** |  |
| **Discipline** |  |
| **Email** |  |
| **Mobile** |  |
| **I have discussed this application with my line manager and they approve me attending if successful** |  |

|  |
| --- |
| **Personal statement:** |
| Your personal statement is an important part of your application. Your personal statement should achieve two things,  1. set out why you should be offered a funded place on the module and  2. make the case for how you can apply this module in your clinical practice for service users with psychosis  The word limit is 500 words. To support us in reviewing your application for suitability and eligibility, we would strongly encourage you to make full use of the word count. | |

|  |  |
| --- | --- |
| **Professional Certificate in CBT for Psychosis Terms and Conditions** | |
| By signing this form, you, confirm that you have read and agree with requirements in student handbook.   1. I am employed and working within a Mental Health Service. 2. I meet the entry requirements as set out and have identified a CBT supervisor. 3. I fully understand the time and commitment needed to successfully complete the module as outlined below.  * 10 full days of classroom teaching (blend of in-person/online). 70% attendance required. * Requirement to see 3 CBTp cases with one seen for a minimum of 10 sessions. * Requirement to complete one case study. * Requirement to attend for monthly CBTp supervision. * Requirement to submit session recordings to supervisor for rating and clinical skills development using the Cognitive Therapy Scale – Revised (CTS-R).  1. I understand that the final decision on whether a candidate is accepted rests with the course director(s). 2. I understand that incomplete applications or those received after the closing date will not be considered.   **I confirm that I have read, understand and agree to the above terms and conditions.**  **I hereby submit my application for consideration. I declare that the information given by me on this form is true and correct to the best of my knowledge.** | |
| **Print name** |  |
| **Signature** |  |
| **Date** |  |