Please complete this form electronically and send by email (typed or scanned) to: [courses@thecsc.net](mailto:courses@thecsc.net).

If you prefer to hand write your application, please print out a copy of this form. Please ensure the boxes are large enough to fill in the relevant information. **We would be most grateful if you could please ensure that your writing is clear and legible.**

***Note:*** no more than 500 words are expected for any question – and many questions can be answered by a sentence.

## Course Information (Course Title and Dates)

Course Title (for the Foundation Training please indicate Bristol or London):

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Dates:

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## Applicant Details

Full Name (this will be used for your certificate at the end of the course):

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| Preferred name (if applicable): |

Address:

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Tel numbers:

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| --- | --- |
| (Mobile) | (Home) |

Email:

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Company

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1. What is your reason for wanting to do this course?

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2a) Please provide details of your experience of Systemic Constellations Work to date:

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2b) Personal background (for example your current family, your family of origin, significant events):

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2c) Details of your professional background:

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3) Any on-going support you may be receiving at present (*e.g. therapy, supervision, mentoring, coaching, group, spiritual work)*

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4) Are you known by any of the Centre trainers? if so, please state by whom. if not, please can you provide us with the name and contact details of a therapist, supervisor or similar individual who can provide a reference for you and please state your relation to them.

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5) Please let us know if there are any elements in your personal life that may affect your ability to fully participate in the course. We will then be in a better position to support you as best we can during your training.

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6) Please kindly disclose any physical or mental health issues that may affect your participation on the course, this may include a hearing or sight impairment, any physical disabilities that require additional support, or any type of anxiety related disorder.  It is important to us to ensure that your needs can be met and any concerns can be discussed.

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7) We would love to know how you heard about the Centre for Systemic Constellations and this course?

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**Please sign below to complete your application.**

Once we have received your application, we will contact you with further details and a course contract will be sent to you. A short telephone interview may be arranged with a course tutor.

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| **Signed:** |
| **Please print your name:** |
| **Date:** |

I have read and agree to The Centre Terms & Conditions, including the Student Agreement

*We are delighted you are joining the course and look forward to extending you warm welcome to the CSC community!*