

**REGISTRATION OF PRACTITIONERS OF SOCIODRAMA**  
(revised March 2011)

Name:

Home Address:

Professional Address: *(if different)*

Telephone No: *Home*  
*e-mail:*

*Professional:*

**DETAILS OF SOCIODRAMA TRAINING**

1. Date of obtaining Diploma
2. Training Organisation:  
Supervisor during training group practice:
3. What sociodrama groups and / or individual sessions do you run at present? (with starting dates)
  
4. Details of Supervision arrangements:

I wish to join the Register of Sociodrama Practitioners held by the British Psychodrama Association.

*As a Member of the British Psychodrama Association (BPA) I hereby agree to abide by and conform to the BPA Code of Ethics for Practice and any and all prevailing UKCP Guidelines.*

Signature:

Date:

On completion, **this form** should be sent with a copy of your **Sociodrama Diploma Certificate**, to:

British Psychodrama Association  
33 Prince's Road  
Cheltenham  
Gloucestershire  
GL50 2TX

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