

REGISTRATION OF TRAINEES

NAME (including title):

HOME ADDRESS:

POST CODE:

PROFESSIONAL ADDRESS: (if different)

POST CODE

TELEPHONE NUMBER: Home:

Work:

E-mail address (please print clearly)

Date commenced training

Training Organisation

Primary Trainer

Academic and professional qualifications (with dates please)

Do you have any special needs or mobility requirements?

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 of trainee

Today's Date

You are required to keep a record of your training hours, written work, credits and other courses attended.

The above named person has been accepted into training with the training organisation named and with a training programme accredited by the British Psychodrama Association.

Signature

On behalf of

Training Organisation

This form to be returned to:

Natasha Campbell Administrator
British Psychodrama Association
33 Princes Road
Cheltenham
Gloucestershire GL50 2TX

E-mail: administrator@psychodrama.org.uk Telephone: 07582 842231