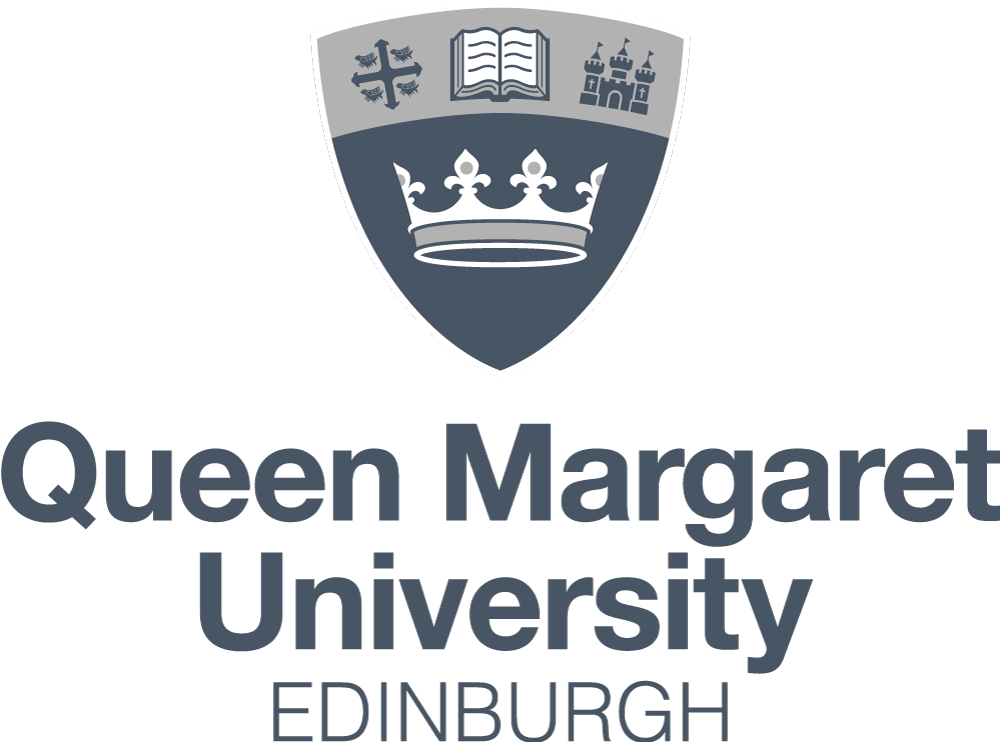
**South of Scotland Cognitive Behavioural Therapy Programme**

## In Collaboration With



**School of Health Sciences**

**PgCert/PgDip/MSc in Cognitive Behavioural Therapy**

**APPLICATION FORM**

South of Scotland CBT Programme

Application Form

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| Occupation: |  | DoB: |  |

1. **Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address | . | Work Address: |  |
| Home Tel: |  | Work Tel: |  |
| Mobile: |  | E-mail: |  |
| E-mail: |  |  |  |

Which is your preferred telephone number for contact? Home  Work  Mobile

1. **Programme of Study**

Please indicate which programme of study you are applying for:

|  |  |
| --- | --- |
| **PG Cert (1-year part-time)** |  |
| **PG Cert/PG Diploma (2-years part-time)** |  |
| **PG Diploma Direct Entry\*** |  |

\*Please note that for direct entry to Diploma level studies, applicants must have obtained a PG Certificate in CBT qualification that is sufficiently comparable to our own Certificate training standards, in terms of module learning outcomes, and, supervised clinical practice requirements. For further information, please see: <https://www.qmu.ac.uk/about-the-university/partnerships/qmu-collaborations-manual/recognition-of-prior-learning/>

1. **Source of Funding**

Can you please indicate below how you propose to fund your place on the 2026 course?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NES Funding** |  |  |  |  |  |
| **Self-Funding** |  | by installments |  | whole sum |  |
| **Employer/Third Sector** |  | by installments |  | whole sum |  |

1. **Academic Qualifications\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title** | **Grade/Award** | **Institution** | **Date Awarded** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*evidence of qualifications (certificates, and transcripts if requested) will be required at interview.

1. **Professional Qualifications\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Institution** | **Membership No** | **Date Awarded** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

\*evidence of professional qualifications may be requested at interview.

1. **Employment History**

Please provide details of your current employment:

|  |  |  |
| --- | --- | --- |
| **Current Employer** | **Current Position** | **Start Date** |
|  |  |  |

Please provide details of your employment over the last 5 years, and any employment prior to that which is relevant to your application:

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer** | **Short Description of Responsibilities** | **Start Date** | **End Date** |
|  |  |  |  |
|  |  |  |  |
| **Psychology-related work during degree** | | | |
|  |  |  |  |
|  |  |  |  |
| **Previous life experience** | | | |
|  |  |  |  |
|  |  |  |  |

1. **Description of Current Professional Responsibilities**

|  |  |
| --- | --- |
| 1. | In which setting do you work (hospital, GP surgery, community etc.)? |
|  |  |
| 2. | Do you manage your own caseload, and would you have ready access to patients suitable for CBT? (10 cases minimum during the course). The patients must be mild to moderate anxiety / depressions cases. More complex presentations **are NOT** suitable for training purposes. Where do you plan to get your patients from? Is there a concrete agreement in place? |
|  |  |
| 3. | Please give a brief description of the nature and degree of clinical responsibility in your current clinical work. |
|  |  |

1. **Relevant Cognitive Behavioural Therapy Experience (including supervision)**

|  |  |  |
| --- | --- | --- |
| 1. | | With how many patients has Cognitive Behavioural Therapy influenced your clinical practice in the last 2 years? |
|  | |  |
| 2. | | What type of cases? |
|  | |  |
| 3. | | Which models of Cognitive Behavioural Therapy influence your clinical work? (Please name specific theorists) |
|  | |  |
| 4. | Please list seminars, professional meetings, conferences and training courses you have attended relevant to Cognitive Behavioural Therapy? | | |
|  |  | | |
| 5. | | Please list books and/or articles on Cognitive Behavioural Therapy you have found useful. |
|  | |  |
| 6. | | Please describe any research experience/interest in Cognitive Therapy. |
|  | |  |
| 7. | | Please list any memberships of Societies, Special Interest Groups, Journal Subscriptions etc. relevant to Cognitive Therapy. |
|  | |  |
| 8. | | Please provide any further relevant information. |
|  | |  |

1. **This Application**

|  |  |
| --- | --- |
| 1. | Please state your main reason for applying for this course (no more than 300 words) |
|  |  |

|  |  |
| --- | --- |
| 2. | What do you hope to get from this course? (no more than 300 words) |
|  |  |

1. **Equality and Diversity**

The South of Scotland CBT programmewants to meet the aims and commitments set out in NHS and QMU equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the students on its programme in encouraging equality and diversity.

We need your help and co-operation to enable us to do this but filling out this form is voluntary. The information provided will be kept confidential and will be sed for monitoring purposes.

**Please indicate your year of study: Certificate**  **Diploma** 

**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-44  45-49 

50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian, Asian British or Asian European***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean, Black British or Black European***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in: …………………………

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish  British 

Gypsy or Irish Traveller  White European  Prefer not to say 

Any other White background, please write in: ……………………………………….

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in: …………………

**Do you consider yourself to have a disability or physical or mental health condition?**

Yes No  Prefer not to say 

**­If so, is this a:**

Learning disability  ­ Long standing illness  ­ Mental health condition  ­ 

Physical impairment  ­  Sensory Impairment  ­ Other ­  Not declared 

**The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with one of the course tutors.**

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your working pattern?**

Full-time  Part-time  Prefer not to say 

**If NHS, what is your current agenda for change band?**

**If not NHS what is your grade?**

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 

1. **Declaration**

**All applicants must answer each of the questions below. If you need to add any information, please include this separately and submit it with this application. Please note deliberately false statement will result in dismissal from the course.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | | **Declaration**  **Y / N** | **Additional Statement enclosed**  **Y / N** |
| Have you ever been refused / expelled from membership of any professional body / register on the grounds of professional misconduct or other professionally related offence? | |  |  |
| Have you ever been the subject of any professionally related disciplinary action (which may or may not have ended in dismissal)? | |  |  |
| Are you currently / likely to be the subject of any investigatory or disciplinary proceedings or enquires? | |  |  |
| To your knowledge, have you ever been, or are you likely to be involved in a situation or incident likely to result in disciplinary action against you? | |  |  |
| Do you have any criminal convictions or cautions (spent or unspent)? | |  |  |
| **PVG Membership Number\* - Please provide.**  \*As this role involves working with vulnerable adults, an enhanced PVG check is required. If you do not already have one through your workplace, you will need to apply. Please note that we will require your PVG membership number at the interview | | **PVG yes / no**  **PVG Scheme Number:**  **…………………………….** | |
| For Non NHS Candidates – Indemnity Insurance Details |  | | |

***Any potential breach of standards or fitness to practice concerns will be reported by the course to BABCP, alongside the application of any disciplinary processes from the clinical placement or the university. At the start of the training course, trainees must be required to provide written consent for the release of such information about themselves.***

***In the event of information suggesting a potential breach of BABCP standards of performance, conduct and ethics, the Course Director must inform the BABCP Complaints Department in a timely manner.***

|  |  |
| --- | --- |
| **Signature:**  A typed signature received from an email address as included on this form will be taken as the same as a written signature. | **Date:** |

1. **Line Manager Statement of Support** *(to be completed by line manager)*
2. Line Manager Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Work Address: |  |
| Position: |  | Work Tel: |  |
|  |  | Work e-mail: |  |
|  |  |  |  |

# Access to Clients

The South of Scotland CBT training course requires that trainees have access to *at least 10 training cases* of mild to moderate anxiety and depression for the Certificate section of the Programme.

Can you confirm that the trainee will have access to appropriate patients through your service, or out with your service, have a concrete and agreed referral route for your students cases? **Yes**  **No**

As part of BABCP requirements, students are asked to observe qualified CBT therapists/ clinical/ counselling psychologists that used CBT as one of their main models on 6 occasions. Are you able to provide this for your student. **Yes  No**

1. Line Manager Statement of Support

I fully support this application. Should this applicant be successful, they will have **protected time for CBT training for the duration of the course and that only appropriate cases will be used for training purposes**

1. **NES funded trainees**

The trainee will be able to provide CBT within the NHS for a minimum of 2- 4 session a week on completion of the programme. This has been discussed within the trainee's job plan and they will do so for a minimum of 2 years post qualification.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF LINE MANAGER:** |  | **DATE:** |  |

*Please email this form to the programme administrator:* [*loth.SoSCBTProgramme@nhs.scot*](mailto:loth.SoSCBTProgramme@nhs.scot)

1. REFERENCE

PLEASE ASK A REFEREE (NOT YOUR CURRENT LINE MANAGER) TO COMPLETE

AND RETURN THE ATTACHED REFERENCE TEMPLATE TO US BY EMAIL

NB. YOU WILL NOT BE CONSIDERED FOR INTERVIEW UNLESS WE HAVE RECEIVED

YOUR REFERENCE BEFORE YOUR INTERVIEW DATE.

YOUR REFEREE MUST BE ABLE TO COMMENT ON YOUR PROFESSIONAL

PRACTICE AND SUITABILITY FOR EMBARKING ON POSTGRADUATE

TRAINING IN CBT.

*Please email this form to the programme administrator:* [*loth.soscbtprogramme@nhs.scot*](mailto:loth.soscbtprogramme@nhs.scot)

South of Scotland Cognitive Behavioural Therapy Programme

Reference Request Form *(to be completed by referee)*

|  |  |  |
| --- | --- | --- |
| 1. | Candidate Name: |  |

|  |  |
| --- | --- |
| 2. | Please comment on the applicant’s academic ability to embark on a postgraduate programme of study: |
|  |  |

|  |  |
| --- | --- |
| 3. | In your view, does the applicant demonstrate good core skills that would allow her/him to develop as a CBT therapist e.g. the ability to form a therapeutic relationship, capacity to reflect critically on her/his practice, respond to critical feedback: |
|  |  |

|  |  |
| --- | --- |
| 4. | How long have your known the candidate and in what capacity? |
|  |  |

|  |  |
| --- | --- |
| Referee Name: |  |
| Work Tel: |  |
| Work e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF REFEREE:** |  | **DATE:** |  |