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 Registered Charity number 1141804

**MCTC PRACTITIONER  
 APPLICATION FORM**

1	Name	
2	Address	
3	Telephone	
4	Mobile	
5	Email Address	
6	Date of Birth	
7	Gender	
8	Date of qualifying	
9	Name of training establishment and title of course	
10	CPD events or activities in the last 12 months	
11	Please tell us about any particular skills, training or experience that might enhance your practice as a therapist eg a second language, work with a specific group eg children, refugees, couples etc, art/music therapy, addiction etc	
12	Please tell us your availability to work at MCTC – Days/Times – between 10.00am and 8.00pm Monday – Friday and between 10.00am and 2.00pm Saturdays	
13	Please tell us where you heard about MCTC	

Please feel free to use extra sheets for any of the sections above and/or to indicate if you have already covered a particular section in a personal statement, CV or in your statement below.

Please attach or enclose a personal/professional statement (up to 1000 words) including the following:

- Understanding of and Commitment to the values and principles set out in MCTC's Statements of Philosophy and Ethics
- Why you would like to work as an MCTC Practitioner
- Personal commitment and aspiration to develop the Personal Moral Qualities set out in the BACP Ethical Framework
- Your commitment to your ongoing personal interior growth
- Describe your personal, theory, modality and way of working with clients including how you see this resonating with the humanistic and integrative modalities and with MCTC's philosophy
- Any specific experience or training of in depth or transpersonal work eg Primal Integration, Breathwork, Meditation etc
- Awareness of
  - confidentiality and its limits
  - own strengths, weaknesses and limitations and ability to seek appropriate support
  - own prejudice
  - the need for self care

Please also attach/enclose your full CV

Signed.....Date.....