| Personal Details | |
| --- | --- |
| Title |  |
| Surname/Family Name |  |
| First Name |  |
| Name in which you are registered with a professional body (if applicable) |  |
| If you have a valid DBS registered for the Update Service please enter the certificate number here so we can check the details online[[1]](#footnote-1) |  |
| Address |  |
| Postcode |  |
| Country |  |
| Contact Telephone Number |  |
| Alternative Telephone Number |  |
| Email Address |  |

**Parent-Infant Therapist (PIT) Diploma 2021   
Application Form**

**Employment & Professional Details**

| **Education & Professional Qualifications** – *please give details of all relevant qualifications that have or are being studied* | | | |
| --- | --- | --- | --- |
| Subject/Qualification | Place of Study | Grade/result | Year obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **Membership of Professional Bodies** *– if you are registered, please give details below* | | | |
| --- | --- | --- | --- |
| Professional Body | Membership or Registration type | Membership/Registration number | Expiry/Renewal Date |
|  |  |  |  |
|  |  |  |  |

| **Employment History** *– please record below the details of your current or most recent employer* | | | |
| --- | --- | --- | --- |
| Employer Name | |  | |
| Address | |  | |
| Type of Business | |  | |
| Job Title | |  | |
| Start Date |  | End Date |  |

| **Relevant Employment History** –*please give details of any relevant previous employment (maximum of 5)* | | | |
| --- | --- | --- | --- |
| Role | |  | |
| Organisation | |  | |
| Start Date |  | End Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | |  | |
| Organisation | |  | |
| Start Date |  | End Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | |  | |
| Organisation | |  | |
| Start Date |  | End Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | |  | |
| Organisation | |  | |
| Start Date |  | End Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | |  | |
| Organisation | |  | |
| Start Date |  | End Date |  |

**Training**

| **Clinical Experience** – *please give details of any relevant clinical experience you have* | | | |
| --- | --- | --- | --- |
| Organisation | Dates from/to | Clients e.g. families, children, groups, individual | Number of Client hours per week |
|  |  |  |  |
|  |  |  |  |

| **Infant Observation** – *please give details of your completed infant observation training* | | |
| --- | --- | --- |
| Training Organisation | Orientation | Dates from/to |
|  |  |  |
|  |  |  |
| If you have not already completed this training are you willing to do so with OXPIP, if possible?  YES / NO | | |

| **Training Attended** – *please detail any relevant training courses you have or are in the process of completing, including any with OXPIP* | | | |
| --- | --- | --- | --- |
| Course Title | Training Provider | Duration | Year obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Personal Therapy** *- please provide copies of letters evidencing the below*

| **Current Personal Therapy** ­*– please record details of your own therapy* | | | | |
| --- | --- | --- | --- | --- |
| Therapist | Registration Body | Orientation | Dates from/to | Frequency |
|  |  |  |  |  |

| **Previous Personal Therapy** | | | | |
| --- | --- | --- | --- | --- |
| Therapist | Registration Body | Orientation | Date from | Frequency |
|  |  |  |  |  |
|  |  |  |  |  |

**Supporting Information**

| **Please explain why you would like to be considered for this training** (max 500 words) |
| --- |
|  |

**References**

*Please provide details of two referees who have known you in a professional capacity for at least 2 years. One should be your current or more recent employer (paid or unpaid). These will be contacted prior to interview.*

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Full Name |  |  |
| Position |  |  |
| Organisation |  |  |
| Capacity known |  |  |
| Contact Telephone No. |  |  |
| Alternative Telephone No. |  |  |
| Email Address |  |  |

**Please indicate how you found out about this training:**

Email Social Media Website Flyer Word of mouth Other (please specify)

**Thank you for completing your application form. Please return it along with your non-refundable application fee of £50 to lizi.potter@oxpip.org.uk. Further details in the handbook.**

1. \*By giving us your certificate number, this confirms that you as the individual to which this DBS certificate number relates, give your authority to OXPIP to receive up-to-date information (within the meaning of section 116a of the Police Act 1997) in relation to your criminal record DBS certificate for the purposes of asking an exempted question within the meaning of section 113A of the Police Act 1997; or in relation to your enhanced criminal record DBS certificate for the purposes of asking an exempted question for a prescribed purpose within the meaning of section 113B of the Police Act 1997. [↑](#footnote-ref-1)