

INTEGRATIVE PSYCHOTHERAPY PRACTICE
143 UPPER RATHMINES ROAD, DUBLIN 6

The Body within the Therapeutic Relationship 2015
Application form

NAME

ADDRESS

.....

TEL: Email:

NAME OF TRAINING VENUE

QUALIFICATION

DATE

ARE YOU CURRENTLY IN THERAPY YES NO

IN SUPERVISION

ACCREDITED.....

WITH WHO

WORKING TOWARDS ACCREDITATION

**** Cheques should be made payable to Integrative Psychotherapy Practice**