**MSc in Systemic Family Therapy 2021-23**

**Supplementary Information Sheet**

**1. PERSONAL INFORMATION (Supplement to the University of Leeds PG Application form)**

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| Your name: Title: Miss, Mrs, Ms, Mr, Dr (Other)Preferred pronoun: Current position of employment: Employer: Workplace address:Your preferred telephone No:Your email addresses - If you have both home and work email please indicate which is your preferred address for contactHome Email ¨ Work Email ¨ |

**2. Funding – please indicate your planned source of funding. The Univrsity web pages on funding may be helpful to you and can be found here:**

[**http://www.leeds.ac.uk/info/130536/funding**](http://www.leeds.ac.uk/info/130536/funding)

|  |  |
| --- | --- |
| **Self -**  | **Funded by sponsor – employer or other -**  |
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**3. Relevant education and training – include Systemic Foundation, Intermediate or equivalent.**

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| **University / college or training institute** **Please give dates of attendance**  | Course title / award e.g. HNC, degree, PhD. Including classification where given | Outcome  |
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**4. Professional registration**

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| Professional Registration give the names of bodies e.g. GMC/BACP/NMC/HCPC and level/status of current professional registration or membership.**For BACP please state whether you have membership or accredited status** | Date of Registration: | Registration Number: |
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**5. Professional employment history - please give all employment history relevant to this application**

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| **Employer** | Job role | Dates of employment (month and year)  |
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**6. Current employment**

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| a) Please tell us about your current work context, your role and responsibilities:b) What opportunities do you have to offer systemic therapeutic practice and family therapy (under live supervision or as part of a team)? What facilities are available? How will you be able to meet the requirement of 100 hours of systemic practice per year in your agency with the majority being with more than one person? Will you have an opportunity to work with qualified family therapists?c) How would you describe your agency employer’s involvement in your application? How necessary is it for you to have employer support for your training? Please comment on relevantaspects including support for fees, time for clinics and university based days, private study time, systemic supervision of your 100 hours per year of systemic practice, adjustments to your agency workload during training. |

**7. Supervision**

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| Please describe your current professional supervision arrangements. Please indicate the amount of supervision you receive, the format (e.g. direct or indirect supervision) and the orientation of the supervision |
| Name, professional role / and qualifications and contact details of supervisor . Email : |

**8 . Research Experience and / or publications if applicable.**

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| Please give titles  | Dates |

**9. Systemic and Family Therapy Training Courses and Study Days**

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| Please describe how you became interested in systemic ideas and list your Systemic Training so far (Foundation, Intermediate) an place of training . If relevant include trainings commenced that were not finished and briefly state reasons for this. Additional Systemic / Family Therapy Conferences and Study Days :Are you a member of the Association for Family Therapy and Systemic Practice | Date of training (s) |

**10 . Personal and Professional Development**

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| Please describe your personal and professional development so far in both your first professional practice (or equivalent\*) and in systemic practice / family therapy. Please include any personal of professional life experiences that you consider relevant to your way of working, or any ideas or comments you wish to share with us about how you see the relationship between these experiences and your professional development. \* If you do not have one of the first professional qualifications recognised as an entry requirement for the course your application may still be considered under our professional APEL route. Your employment and qualification history will be relevant here. Please add any additional training or experience that you consider relevant here e.g. voluntary experience or study. |

**11. Qualifying level Training:**

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| Please tell us what do you hope to gain from this training ? Please comment on your career aspirations and hoped for personal and professional developments. |

**12 . Course Supervision Group – 4 hours per week**

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| Supervision clinics are organised for students in various locations in the region and on different days and times . In order to inform our early planning of the course please list times of week when you would NOT be able to attend a weekly clinic (days/evenings). Please include any issues which may affect your ability to travel and relevant caring responsibilities or other issues which may need consideration in clinic allocation.The course make every effort to match students to suitable supervision group places but we cannot guarantee to provide a placement that does not require some travelling or adjustment to your other commitments.  |

**13.** **References – please give the names of two referees who can comment directly on your suitability for this training**.

**Please ensure that they are aware that they will be contacted for your reference prior to you being called for interview.** In the event of your referee not responding to the reference request you will be informed and it will be your responsibility to prompt this or name an alternative suitable referee.

**No offers will be made without the receipt of both references.**

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| --- | --- |
| **Academic referee** – this should be your tutor or course lead from your Intermediate level training. | **Professional referee** – this should be your line manager or professional supervisor |
| Name : | Name: |
| Course and relationship to you : | Place of work and relationship to you :  |
| Contact details:Email:Telephone Number: | Contact details:Work mail:Telephone Number: |

Interview:

Interviews will be held online via MS teams.

Please let us know if you foresee and difficulty with this e.g. do not have access to reliable computing equipment with sound / microphone and camera and internet and need to make additional arrangements.

Applicants will be called for interview with at least two weeks’ notice.

The interview will last approximately two hours and will include a given practice related task.

If you have a disability for which adjustment is required e.g. dyslexia please let us know so that the required adjustment can be made.

Applicant confirmation and / student consent.

I confirm that all the details given in this application are accurate.

If successful in being admitted to the MSc Systemic Family Therapy I agree to practice within and abide by the Association for Family Therapy and Systemic Practice Code of Ethics and Practice

Name of applicant / ………………………………………………

Signed ……………………………………………… Date …............................................................................

**Managerial Support Form**

**MSc in SYSTEMIC FAMILY THERAPY – 2021 - 23**

Dear Manager,

**APPLICANT’S NAME:**

The above applicant is applying to complete the qualifying level training course in Systemic Family Therapy leading to MSc degree at the University of Leeds and UKCP registration as a Systemic Psychotherapist.

The training comprises of:

* Approximately 38 days attendance at the University of Leeds over the two year course with academic tuition and related learning.
* A weekly 5 hour training clinic arranged by LFTRC for which travel to the clinic base will be required. Travel costs are not met by the course.
* Private study (a minimum ratio of 3:1 to the academic days)
* The student will be required to conduct 200 hours of client work in their own agency using a systemic approach and have agency clinical supervision for this work. The supervisor will ideally be a qualified systemic psychotherapist /family therapist. At least half of these hours will be in direct practice with more than one person i.e. families / part families or couples.

We recognise and value the continued support of managers in helping students complete their studies and also in supporting their personal and professional development throughout this training.

Please could you complete and sign the form below as part of the student application process and return it to the applicant?

If you have any questions about the training we would be very happy to discuss these with you in detail.

Yours sincerely



**Marie McGovern**

**Head of Training**

**Email:** **m.mcgovern@leeds.ac.uk**

**I acknowledge the receipt of the MSc Systemic Family Therapy training outline and confirm my support for the application of the above at this stage.**

**Name of Organisation:**.

**Print Name : Position: Team Manager**

**Signed ………………………………………………. Date :**