**MSc in Systemic Family Therapy 2025 - 27**

**Professional Application Pack**

**This form is supplementary to the University of Leeds Post Graduate Application form.**

**Both forms must be completed.**

**1. Personal information**

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| Your name: Title: Miss, Mrs, Ms, Mr, Dr (Other)Pronouns: Current position of employment: Employer: Workplace address including post code:Home post code - first part only:Your preferred telephone No:Your email addresses - Home Email ¨ Work Email ¨Please indicate your preferred email address for application communicationsPlease ensure that you check this regularly during the application process.  |

**2. Funding

Please indicate your planned source of funding. The University web pages on funding including the University of Leeds Alumni bursary 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)

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| --- | --- | --- |
| Course funding | Please indicate using ✓ | Please add any further information e.g. if funding is confirmed ( this will not affect your application ).  |
| Self - personally financing your study. Please note the information about University of Leeds Alumni bursaries of 10% of fees for students who are wholly or partially self funding. Please indicate if you intend to apply for this.  |  |  |
| Non NHS funded by a sponsor – usually your employer |  |  |
| NHS applicant seeking funding via NHS route – please specify source e.g. local team, application to regional or national funding stream in NHS. If unsure, please email m.mcgovern@leeds.ac.uk to discuss options. |  |  |

**3. Higher education and professional training**

**Here include Systemic Foundation and Intermediate training or equivalent and courses not yet completed. Please list in date order, earliest first.**

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| --- | --- | --- |
| University / college or training institute and start and end dates of attendance  | Course title / award e.g. HNC, degree, PhD. Including classification where given | Outcome / award Final overall mark for Foundation and Intermediate level training. |
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**4. Professional registration/s**

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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 professional employment history. Please list in date order, earliest first.**

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| Employer | Job role | Dates of employment (month and year)  |
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 **6. Disclosure and Barring Service (DBS)**

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| Students of the MSc Systemic Family Therapy are mental health professionals and should have a current Disclosure and Barring Service (DBS) check. **If accepted, you may be required to have an additional DBS check for your clinic placements as NHS trusts have differing but specific requirements and may require their own DBS check**  | Please state below the details of current DBS check  |
| Date:Employer or other who organised your DBS checkLevel – standard or enhancedAre you registered for annual updates? |

**7. Current employment**

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| a) Tell us about your current work context/ s, your role/s and responsibilities and the scope for systemic practice:b) What opportunities do you have to offer systemic therapeutic practice and family therapy (under live supervision) or as part of a family therapy team. Please note that team-based Family Therapy experience is not essential? What population do you work with and how are referrals to you organised? 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? Do you have an opportunity to work with qualified family therapist/s?c) How necessary is it for you to have employer support for your training? Please comment on relevant aspects 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.d) If successful in application and training is your employer seeking to employ you as a Systemic Family Therapist in your service?  |

**8. Supervision**

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| Please describe your current professional systemic supervision arrangements. Please indicate the amount of supervision you receive, the format (e.g. direct live or indirect supervision) and the orientation of the supervision. |
| Systemic Supervisor - Name - Professional role -Systemic qualifications - Email : |

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

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| Please give references  |
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**10. Your Systemic practice and Systemic Family Therapy interest and CPD by additional Courses and Study Days**

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| Please describe how you became interested in systemic ideas and describe your experiences of your Systemic Training so far (Foundation, Intermediate / CYPIAPT). Are you a member of the Association for Family Therapy and Systemic Practice?Yes / No  |

**11 . 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. 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. |

**12. 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. |

**13 . 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 (please give 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 makes 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. We aim to limit the travelling to a clinical base to a maximum of one hour but in some circumstance longer travel may be the only viable option |

**14.** **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. The course team request references.**

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.**

|  |  |
| --- | --- |
| **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: |

Interviews will be face to face at the University of Leeds.

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

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

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

**Applicant confirmation**

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 – 2025 - 27**

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 – 40 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. At least half of these hours mustl be in direct practice with more than one person i.e. families / part families or couples.
* The supervisor will ideally be a qualified systemic psychotherapist and supervisor /family therapist.

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, with enquiries to the email address below.

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 :**

**Email:**

**Systemic Supervisor Information and Support Form**

**MSc in SYSTEMIC FAMILY THERAPY – 2025 - 27**

Dear Supervisor,

**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.

Please complete and sign the form below as part of the student application process and return it to the applicant for submission with their application.

* As part of this training the student undertakes to complete 200 hours of systemic practice of which at least half the hours will be with more than one person
* The systemic practice must be supervised at a ratio of 1:6 hours
* The supervisor will ideally be a qualified systemic psychotherapist and supervisor /family therapist.

The Supervisor will be expected to sign off both the hours of practice and the student’s attendance at systemic supervision and provide a brief confirmation of supervision upon completion of the training.

If you have any questions about the training we would be very happy to discuss these with you, enquiries to the Director of Training at the email address below.

Yours sincerely



**Marie McGovern**

**Director of Training**

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

**I confirm that I have been asked to provide Systemic Supervision for the above named applicant for their agency based systemic practice if they begin training on the MSc Systemic Family Therapy.**

**I confirm that I will provide the required verification of supervision as required**

**Print Name :**

**Qualifications:**

**Email address:**

**Signature:……………………………………………. Date:……………………**