

**Application Form 2023-24**  
**IGA Foundation Course in Group Analysis - Cambridge**  
Group Therapy Centre (Cambridge)- Registered charity number - 1136632

DETAILS

(Block letters please)

NAME: \_\_\_\_\_ Ms/Mr/Mrs/Dr/Other

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELEVANT QUALIFICATIONS:

PRESENT APPOINTMENT(S):

CURRENT EMPLOYER:

BRIEF DETAILS OF PERSONAL THERAPEUTIC EXPERIENCE:

HOW DID YOU BECOME AWARE OF THIS COURSE?

PLEASE STATE NAME OF ANYONE YOU KNOW WHO IS APPLYING FOR THE SAME COURSE OR ANYONE ON THE STAFF TEAM. SO, WE CAN ENSURE PROFESSIONAL BOUNDARIES ARE IN PLACE.

ANY HEALTH OR ACCESS REQUIREMENTS THAT YOU WOULD LIKE US TO BE AWARE OF?

### REGISTRATION PROCESS

You will also need to complete an on line registration with the IGA

Please use the link below:

<https://members.groupanalysis.org/TrainingCourseRegistration.aspx>

This registration will give you access to the Cambridge FC handbook, on line library and other information you may need to prepare for the course.

### FEE

- The Course fee is £1450.00 (including registration fee of £100.00)  
The Registration fee is non-returnable

- I enclose my REGISTRATION FEE of £100.00 – I understand that should I be unable to complete the course I will not be refunded any fees paid.

- The remaining £1350.00 is due prior to commencing the first Saturday or If you wish to pay by instalments, please do let us know and we can arrange this. (x 10 Saturdays @£135 per Saturday)

- Please note that if the fee is to be paid by your employer, evidence of authorization is required. Please attach this to your application form.

I understand that I am responsible for the entire Course fee, irrespective of the source of funding, even if I should leave the Course before completion.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**BANK DETAILS**

Please pay by BACs transfer to  
Lloyds Bank  
Account name: The Group Therapy Centre  
Account number: 00015775  
Sort code: 30-91-56

Please reference payment with your name – thank you!

Please also email Dan to confirm you have sent a payment.

Please return this application form via email to Dan Neale who will provide any further information as requested. Thank you.

[dlN203@hotmail.com](mailto:dlN203@hotmail.com)

07960 683661