**Application Form**

**Personal Details**

Name:

Address:

Phone No.

Email address

**Please give details of your reasons for applying for the training**

**Professional Training in Counselling / Psychotherapy (**Give details)

**Level of Personal Process Work Completed** (individual or group therapy)

**Experience in working as a Counsellor / Psychotherapist to date (**paid or unpaid)

**Give details of any involvement in other organisations or in other voluntary /community groups**

**Existing knowledge / experience of the sexual violence area**

**Any life experiences you think would be relevant to the training**

**Any other information or comments**

Please return completed application form by Friday the 29th of September 2017 to marian@grcc.ie or to:

**The Clinical Manager**

**Galway Rape Crisis Centre,**

**The Lodge**

**Forster Court**

**Galway**