Please complete all sections of this application form. Once you have completed the application, please return it to [training-coordinator@baatn.org.uk](mailto:training-coordinator@baatn.org.uk). Your information will be held in the strictest confidence. Following receipt and processing of your application, you may be invited to a 30-minute interview on Zoom with the Course Facilitator.

**Your details and contact information**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Phone number** |  |
| **Address** |  |
| **Ethnicity** |  |
| **Are you a BAATN member?** |  |

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| **If you are invited to interview, please indicate your preferred availability during the w/c 14th October 2024:** |
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| **How did you hear about this course?** |
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| **Do you have any visible or invisible disabilities you wish to disclose? If so, please advise us of any additional support that you may need during the course.** |
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**Employment and professional history**

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| **Please give details of your most recent employment or occupation (kindly provide details of your last three positions at a minimum).** |
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| **Please list details of your academic qualification and professional training.** |
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**Personal Statement**

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| **Please write a clear statement detailing your reasons for applying for the Foundation course, what you hope to get from the programme and any additional information that may be relevant to your application. (Maximum word count: 450)** |
|  |

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| **Do you have any previous experience of systemic / family constellations?** |
|  |

I confirm that the information I have provided on this application form is true and correct.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

Thank you for completing this application form. Please return it to:  
[training-coordinator@baatn.org.uk](mailto:training-coordinator@baatn.org.uk)