REBT UK

The UK Affiliate of the Albert Ellis Institute

Advanced Practicum Application Form

*Please complete each entry by clicking on the relevant grey box and typing your response. Please send the completed form along with a scanned image of all degrees and Primary Practicum certificate to contactus@rebtuk.com.*

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| **First Name** |       |
| **Surname** |       |
| **Full name (and title and letters) to be displayed on the Certificate** |       |
| **Profession (e.g. Psychologist, Social Worker)** |       |
| **Degrees held** |       |
| **Highest Degree Held** |       |
| **Professional Registration (e.g. BACP, HCPC)** |       |
| **Address (including post code)** |       |
| **Email Address** |       |
| **Phone Number** |       |
| **Date of award of Primary Certificate:** |       |
| **Where did you complete your Primary Practicum? (if you choose “Other Affiliated Training Centre” or “Other” please specify where you completed your Primary Practicum in the accompanying email.** |  |
| **How did you hear about us?** |  |

**Please email the completed form to contactus@rebtuk.com**