



TO APT

I WOULD LIKE TO BECOME AN APT FACULTY MEMBER

Title: _____ First Name: _____ Last Name: _____

Preferred Address: _____

Preferred telephone contact: _____ (day/evening/mobile - delete)

Preferred e-mail address: _____ DoB: _____

Degree (subject, class, university & dates): _____

Post-graduate qualification details: _____

Brief description of current position, inc. dates: _____

Brief description of previous position, inc. dates: _____

Continued Overleaf

Be part of something good.



(previous positions continued)

Summary of teaching/training experience, if any:

Summary of publications, if any:

Please give the names, phone numbers and addresses of 2 referees. One should be your current manager or direct supervisor, the other should be your previous supervisor. This will allow us to have more efficient phone contact with referees if/when needed:

1:

2:

Thank you for completing this form. Please return this form along with your current CV to APT by post or fax.

On receipt, we write to your referees with a structured reference form which we ask them to complete. Shortly after the return of those references we contact you to let you know of the result.

Be part of something good.



The Association for Psychological Therapies