

**UNIVERSITY OF LEEDS**

**SCHOOL OF HEALTHCARE**

**MA Psychotherapy and Counselling**

**Personal therapy**

I confirm that I have arranged to have personal therapy with the practitioner named below. I confirm this practitioner has at least three years post qualifying experience and in a member of a professional body (e.g. BACP, UKCP, HCPC).

In the event of a need to change therapist for any reason, I will discuss this in advance with my therapist and my personal tutor.

Name of therapist: …………………………………………………………..

Professional Body: …………………………………………………………..

Registration Number: ……………………………………………………..

Postcode: ………………………………………………………………………..

Name of student: ……………………………………………………………..

Date: ………………………………………………………………………………..