

**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.

BACP/other professional bodies’ therapists: I confirm this practitioner has at least three years post qualifying experience and is a member of a professional body (e.g. BACP, UKCP, HCPC).

UKCP therapists: I confirm this practitioner is a member of a professional body (e.g. 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: ………………………………………………………………………………..

***University of Leeds students*** – please email the completed and signed form to the Practice Placement Unit on: placements@healthcare.leeds.ac.uk and CC Dr. Soha Daru s.daru@leeds.ac.uk

Please also print off a copy to include in your portfolio.