

## Cambridge Psychotherapy Assistance Trust: Psychotherapist's Registration Form

Surname	
First name	
Preferred style (Dr, Ms, etc.)	
Address	
Postcode	
Telephone	
Email	
Type(s) of treatment offered (individual, group, child)	
Professional registering body, registration number and/or training organisation (if trainee, training organisation, name of supervisor and supervisor's registering body and number)	
Are you happy for us to approach you to consider an applicant at low cost, if the need arises?	
Are you happy for us to hold your details (in the case of a potential referral, we would not give out details without your express permission and instruction)?	
Signed	
Date	