



## Therapeutic Life Story Work International

6 Park Plaza  
Battlefield Enterprise Park  
Shrewsbury  
Shropshire  
SY1 3AF  
England

Telephone: 07764277227  
Email: richard@childtraumaintervention.com

### Application for Membership

This form has been designed to ensure that Therapeutic Life Story Work International (Membership Services) obtain all the information they need to reach the correct decision.

#### **APPLICANT INFORMATION**

<b>Title:</b>	<b>First Name(s):</b>	<b>Surname:</b>
<b>Date of Birth (DD/MM/YYYY):</b>	<b>Address:</b>	
<b>Telephone (Home):</b>		
<b>Telephone (Work):</b>		
<b>Email (Home):</b>		
<b>Email (Work):</b>	<b>Postcode:</b>	

#### **DBS ENHANCED DISCLOSURE**

<b>Do you possess an up-to-date and clear DBS Enhanced Disclosure?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, please include date received (MM/YYYY):</b>		
<b>Please note:</b>		
<ul style="list-style-type: none"> <li>▪ <i>Possession of a DBS Enhanced Disclosure certificate or police clearance for working with vulnerable people is a requirement of TLSWi Membership.</i></li> <li>▪ <i>On initial application for membership and at each subsequent renewal, a valid DBS or equivalent clearance check of less than 3 years is required by TLSWi i.e. DBS certificate number and date of issue will be required. If the date of issue is more than 3 years previously, a new DBS certificate will be required unless the member has subscribed to the DBS update service whereby the certificate can be re-checked as required.</i></li> </ul>		

#### **QUALIFICATIONS**

<b>What qualifications do you currently hold or expect to obtain at the end of your present period of study? Please detail in chronological order, starting with the earliest obtained.</b>				
<b>Award (B.Sc., MA, Postgraduate Dip.)</b>	<b>Title of Course</b>	<b>Institution (and Awarding Body, if different)</b>	<b>Dates (give months and year)</b>	
			<b>Start:</b>	<b>Completion:</b>


***APPOINTMENTS***

**Please list the principal appointments you have held. Please detail in chronological order, starting with the earliest obtained. Indicate also your current appointment.**

Job Title or Occupation	Employer	Dates (give months and year)	
		Employed From:	Employed To:

***THERAPEUTIC LIFE STORY WORK EXPERIENCE***

**Please provide a brief description of your Therapeutic Life Story Work experience.**

**DECLARATION FOR FULL MEMBERSHIP APPLICANT**

**I CONFIRM THAT:**

- a. I do not have a criminal record that may conflict with the interests of children.
- b. I enclose evidence of my DBS Enhanced Disclosure *or* equivalent clearance check.
- c. I agree to abide to the Therapeutic Life Story Work Ethical Principles and Good Practice Code. (Please see 'Ethics and Good Practice in Therapeutic Life Story Work'.)
- d. The enclosed passport photos represent a true likeness to the applicant detailed in this Application for Membership form.
- e. I am covered by Professional Indemnity and Public Liability insurance either personally (  ) *or* by my employer's policies (  ). Please tick as appropriate.
- f. The information detailed in this Application for Membership form is true to the best of my knowledge and does not contain any false or misleading information regarding my experience, qualifications, practice, membership or identity.

Your Signature:

Your Full Name:

Today's Date:

**FULL MEMBERSHIP APPLICATION CHECKLIST**

I have enclosed my £75.00 TLSWi Membership first year fee.

*Please note:*

*Cheques are to be made payable to 'Child Trauma Intervention Services' and sent with your completed Application for Membership form to the address included on the first page of this document.*

I understand that this cheque will not be cashed unless my application is successful and that in the event of my application being unsuccessful, my cheque will be returned.

I have completed and sent my Supervisor Confirmation Form (if in practice).

I have enclosed evidence that I have successfully completed relevant training such as the Diploma in Therapeutic Life Story Work *or* an Approved Diploma in Play, Art or similar medium *and/or* TLSW Training presented by Richard Rose.

I have enclosed the original copy of my up-to-date DBS Enhanced Disclosure (less than 3 years from date of issue).

I have enclosed two passport-sized photos and have included my full name on the back of each.

I confirm that I either have my own Professional Indemnity and Public Liability insurance/am covered by my employer's policies (if in practice). Please delete as appropriate.

Policy Number:

Insurer:

I have completed all applicable sections on my Application for Membership form.

I have signed and dated the Declaration for Full Membership Applicant.

*Please note:*

*If you cannot confirm any of the above statements, please advise details on a separate sheet. We will contact you to discuss these further but please be aware that failure to comply with these requirements may result in your Application for Membership being rejected.*

***FOR OFFICE USE ONLY***

**Date Received:**

**CTIS Comments and Action:**

**TLSWi Comments and Action:**

