



# FOUNDATION CERTIFICATE IN GENDER, SEX AND RELATIONSHIP DIVERSITY STUDENT APPLICATION FORM

Fill out the form carefully for registration

## BASIC INFORMATION

**Student Name:** \_\_\_\_\_  
First Middle Last

**Birth Date:** \_\_\_\_\_

**How do you identify your gender?**

- Woman (incl trans woman)  Prefer not to say  
 Non-binary/Genderqueer  Other: \_\_\_\_\_  
 Man (incl trans man)

**Is it the same gender you were assigned at birth?**

- Yes  No  Prefer not to say

**Pronoun**

- She/her  He/him  They/them

**How do you identify your sexuality?**

- Heterosexual  Queer  Other: \_\_\_\_\_  
 Lesbian  Bisexual/Pansexual  
 Gay  BDSM/Kink

## CONTACT DETAILS

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal / Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile/Cell Number:** \_\_\_\_\_  
Country Code Number

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_  
Country Code Area Code Number Country Code Area Code Number

**Company (if relevant):** \_\_\_\_\_



**Pink Therapy**  
BCM 5159, London WC1N 3XX  
PH: +44 7971 205323

**EXPERIENCE**

**Job Title:** \_\_\_\_\_

Qualification	Date of Award	Training Organization

**Clinical experience of working with GSRD clients**



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**Approximately how many GSRD-identified clients are you working with at present?**

**Experience of personal therapy**

**Why you want to undertake this course?**

**Do you wish to pay in GBP or Euros?**

- GBP (£)
- Euro (€)



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Pink Therapy has always had a commitment to capacity-building in disadvantaged groups who may be underrepresented in the counselling field. We will, therefore, be offering two of the 15 available places on the course at a 30% discount. There will be a bursary for a therapist who identifies as Trans and/or Non-Binary and another bursary for a Black, Asian or Minority Ethnic (BAME) therapist.

Should you wish to apply for one of the two Bursary places, please email us a personal statement about yourself and the impact you think the course will have on your career and contribution to the field. Please also write something about your financial situation. We will award the Bursaries to those we deem to have the greatest need. Please email your bursary application to [training@pinktherapy.org](mailto:training@pinktherapy.org)

**Date of Application:** \_\_\_\_\_

Please save and return this form to: [training@pinktherapy.org](mailto:training@pinktherapy.org)