

Curriculum Vitae

CV

Name		
Address		
Telephone	Workplace:	Home:
e-mail	Workplace:	
	Home:	
Relevant counselling education and training Please indicate the awarding body/institute	Unit/qualification	Dates
Relevant teaching and groupwork or training experience	Dates	
Relevant counselling experience	Dates	

Relevant experience as a supervisor or in a supervisory role*		Dates
Relevant verifying experience		Dates
No of hours of personal therapy*		
Number of hours/years practitioner experience		
Membership of professional association		
Have you ever had a complaint upheld against you?	Yes/No If yes please attach full details	
Brief details of on-going CPD		

* required to teach CPCAB higher level qualifications

Names, addresses and contact details of two referees please specify type of reference (professional, training, personal)	

Please return this CV to CPCAB, PO Box 1768, Glastonbury, Somerset BA6 8YP
e-mail: jackie@cpcab.co.uk