



STUDENTS ENROLLING ON THE DIPLOMA COURSE

STUDY COMMITTEE

Name of Student:.....

Date Attended the Admissions Panel:

Names of Study Committee members:

Please include the address, phone and email details of any Study Committee Member who is not registered with RSPOPUK. (The student's therapist may not be on the Study Committee).

1.

2.

3.

4.(Non- RSPOPUK member if wished.)

Signature.....

Date.....

Complete and return this form to the Coordinator of Training as soon as possible, and within a maximum of 3 months of your Admissions Panel.