

Institute of Psychological Studies

Registered under the Tertiary and Vocational Education Commission (TVEC) Reg No. P01/0053. Affiliated to International Buddhist Relief Organization in the UK (IBRO) UN. Reg No.1049429 Affiliated to the Sri Lanka Association of Professional Counsellors and Psychotherapists (SLAPC) No. 455, Galle Road, Colombo 03. Tel 011-2555400, 077-3680930, 077-0410930 Email: ipssrilanka81@gmail.com/Website: www.ipssrilanka.lk

Diploma in Counseling and Psychotherapy-2024

Overview:

The Main aim of the Institute of Psychological Studies is to produce academically qualified Professional Counsellors and Psychotherapists in Sri Lanka.

Diploma in Counseling and Psychotherapy is mainly designed for graduates, undergraduates and professionals with different disciplines & experience who wish to excel their carrier in to counselling profession.

Membership:

Those who have successfully completed the Diploma in counseling and Psychotherapy are eligible to apply for the membership at Sri Lanka Association of Professional Counsellors and Psychotherapists (SLAPC) which is a National body of Practicing Professional Counsellors and Psychotherapists in Sri Lanka.

Course duration:

1 year including Part 1 and Part 2

Medium:

- Sinhala
- English

Clinical Practice:

- Clinical practice will be arranging by the Institute. OR
- To be completed by the candidate by selecting a placement of his/her preference under the supervision of the Institute.

Curriculum: (Subjects offered)

Part 1 (6 Months Duration)

Basic psychology Abnormal psychology Health psychology Child psychology Child psychopathology

Part 11 (6 Months Duration)

Counselling Psychology
General Techniques in Counselling
Psychotherapeutic Techniques in Counselling
Treatment Planning in Counselling
Counselling Skills Practice

Course Fee:

Registration Fee
 Exam Fee & Clinical Practice
 Course Fee
 -Rs. 20,000.00
 -Rs. 45,000.00
 -Rs. 180,000.00

Total Fee -<u>Rs.245,000.00</u>

Payment Options:

Option 1 Total Amount (3% Discount) – LKR 237,650/-

Option 2 Monthly Payment

- Initial Payment LKR 20,000/-
- Monthly LKR 15,000/-
- Exam & Clinical Training
 - ➤ June LKR 22,500/-
 - ➤ December LKR 22,500/-

Course Fee payment method:

You can direct deposit your course fee/registration fee to the bank account of the Institute and email the receipt.

Bank Account details are as follows:

Account Name: Institute of Psychological Studies

Account Number: 210100125623107

Bank: People's bank

Branch- Co-op house - Kollupitiya

Account Name: Institute of Psychological Studies

Account Number: 1000248959

Bank: Commercial Bank Branch: Kollupitiya

Thanks & Best Regards,

Devni Bandara

Head of Administration

Tel: 0112555400 | 0770410930 Institute of Psychological Studies

Sri Lanka.



INSTITUTE OF PSYCHOLOGICAL STUDIES

No 455, Galle Road, Colombo 03. Tel.011-2555400/0773680930/0770410930-Web: ipssrilanka.lk Registered under Tertiary and Vocational Education Commission (TVEC) Reg. No. P01/0053 Affiliated to International Buddhist Relief Organization-UK (IBRO) UN. Reg. No.1049429 Affiliated to the Sri Lanka Association of Professional Counsellors and Psychotherapists (SLAPC)

Diploma in Counselling & Psychotherapy-2024

[Please Use Block Letters and Tick Appropriate Box as Necessary]

| Fr F |
|--|
| Full Name |
| Home Address |
| Telephone no (Home) (Mobile) |
| E-mail Address |
| Office Address |
| Office Tel no Medium |
| Age Date of Birth / / / Sex Male Female Religion |
| District Electorate Province |
| Employment |
| Present Employment |
| Name of Dept. /Company / NGO |
| Nature of Duties |
| Employment History |
| Employment From - To Dept. / Company / NGO |
| |
| |

| If you are selected to a Univ | ersity | | | | |
|---|----------------------|------------------|--------------------|----------|--|
| Name of University | | | | | |
| Faculty | | | | | |
| Proposed year of Graduation | | Degree | | | |
| Have you completed any part o | of this one-year Dip | loma – Higher Ce | rtificate Program? | | |
| Yes | No | | | | |
| If Yes, Year | | Part | | | |
| Student No | | Centre | | | |
| If you are a University Graduate | | | | | |
| Name of University | Country | Year | Name of Degree | Subjects | |
| | | | | | |
| | | | | | |
| If you have any other educational / professional Qualifications | | | | | |
| Name of Professional Program | / Certificate | | Duration | Country | |
| | | | | | |
| | | | | | |
| NA/hothoritic accredited by on | Duofossional Assa | veietien? Ves | No D | | |
| Whether it is accredited by any Professional Association? Yes No | | | | | |
| I hereby certify that the above particulars are true and correct, and furthermore, I agree to abide by all the present rules, regulations including examinations and future enforcements of the institute during my | | | | | |
| studentship attached to this institute. | | | | | |
| Please find enclosed Application and, | | | | | |
| M.O. | Cash Ch | neque - Chequ | ie No | | |
| | | | | | |
| For admission and for the, | First Month | Full Course | Fees | | |
| Diploma in Counselling | g & Psychotherapy | / (Part I) | | | |
| Diploma in Counselling & Psychotherapy (Part II) | | | | | |
| | | | | | |
| Date | | | Signature | | |