



## 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 0112555400, 077-3680930, 077-0410930  
Email: [ipsrilanka81@gmail.com](mailto:ipsrilanka81@gmail.com) / Website: [www.ipsrilanka.lk](http://www.ipsrilanka.lk)

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### Internship Program- Counselling and Psychotherapy-2024

#### **Eligibility Criteria:**

Individuals who have successfully completed the Diploma in Counselling and Psychotherapy at the Institute of Psychological Studies, or those who have achieved a minimum one-year Diploma in Counseling or Psychology from a recognized institute, are eligible

#### **Internship Duration:**

3 Months (100 hours counselling practice will be covered)

**Starting date:** 06<sup>th</sup> January 2024

**Time:** 9.00am – 4.00pm.

**Venue:** Institute of Psychological Studies- Colombo- 03

**Medium:** English/Sinhala

#### **Fee:**

Registration fee: Rs.5000.00

Rs. 20,000 (only for IPS Students)

Rs. 30,000 (Non - IPS Students)

#### **Program Content:**

program content will be given on the starting date (06<sup>th</sup> January 2024)

#### **Fee payment criteria:**

You can direct deposit your Internship fee/registration fee to the bank account of the Institute and email the receipt or you can pay by cash at the institute and collect the fee payment receipt from the IPS.

**Bank Account details are as follows:**

- Account Name: Institute of Psychological Studies  
Account Number: 210100125623107  
People's bank- Co-op house Branch- Kollupitiya
- Account Name: Institute of Psychological Studies  
Account Number: 1000248959  
Commercial bank  
Kollupitiy.

**Thanks & Best Regards**

**Devni Bandara**  
**Head of Administration**  
**Tel: 011-2555400 | 077-0410930/077-3680930**  
**Institute of Psychological Studies**  
**Sri Lanka**



## INSTITUTE OF PSYCHOLOGICAL STUDIES

No 455, Galle Road, Colombo 03. Tel.0112555400/0773680930/0770410930 web:ipssrilanka.lk

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### Internship program- Counselling and Psychotherapy-2024

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

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 University**

Name of University

Faculty

Proposed year of Graduation

Degree

Have you completed any part of this one-year Diploma in Counselling and Psychotherapy at the IPS?

Yes

No

If Yes, Year

Part

Student No

Centre

**If you are a University Graduate**

| Name of University   | Country              | Year                 | Name of Degree       | Subjects             |
|----------------------|----------------------|----------------------|----------------------|----------------------|
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**If you have any educational/ professional Qualifications**

| Name of Professional Program/ Certificate | Duration             | Country              |
|---|----------------------|----------------------|
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| <input type="text"/>                      | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                      | <input type="text"/> | <input type="text"/> |

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 enclose an Application and,

M.O.  Cash  Cheque - Cheque No

Internship fee

Date

Signature