



**CANDIDATE'S SUBMISSION OF THE CTA WRITTEN EXAMINATION  
Form 12.7.2**

Candidate's name: \_\_\_\_\_

Candidate's address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Please enter details of where you intend taking the CTA oral exam: (Note, the earliest date for taking the CTA oral examination must be at least six months after submitting the CTA Written Examination.)

Place \_\_\_\_\_ On date: \_\_\_\_\_

Field of application (*tick*):

Counselling \_\_\_\_ Education \_\_\_\_ Organizations \_\_\_\_ Psychotherapy \_\_\_\_

**Candidate's declaration of no plagiarism:**

I declare that the CTA Written Examination submitted with this form

- has been developed and written completely by myself,
- all materials used from other sources, including thoughts and ideas from other people, have been fully referenced, and
- all literal quotations have been clearly marked.

**Signature:** \_\_\_\_\_

**Mailing instructions:**

E-mail this form to the IBOC Office together with

- the electronic Word or PDF file containing your CTA Written Examination,
- the **Principal Supervisor's Endorsement of the Written Examination** (Form 12.7.1), and
- your **CTA Training Contract** (Form 12.6.1)

Upon receipt of the above documentation, you will be provided with information about how to pay the appropriate administration and marker fees.