
APPLICATION FORM

COGNITIVE ANALYTIC THERAPY SUPERVISION LEVEL 1 WORKSHOP

ory
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PERSONAL DETAILS

First name:

Surname:

Preferred name:

Preferred pronouns:

Address:

Preferred contact number:

Preferred email address:

Alternative email address (Optional):

Do you identify as of Aboriginal or Torres Strait Islander descent?

(tick appropriate answer) ☐ NO ☐ YES ☐ Prefer not to answer

Do you have any pre-existing injury, medical condition or disability that would require reasonable adjustments be made?

(tick appropriate answer) ☐ NO ☐ YES – Please provide details

PROFESSIONAL DETAILS

Workplace:

Qualifications:

Position:

ELIGIBILITY

Have you commenced a Cognitive Analytic Therapy (CAT) Supervision training program?

(tick appropriate answer) ☐ NO ☐ YES

If YES: Name of senior CAT supervisor:

Where are you up to in this program?

Are you accredited with the Australian and New Zealand Association of Cognitive Analytic Therapy (ANZACAT) as a CAT practitioner? (tick appropriate answer) ☐ NO ☐ YES

If YES: Year of accreditation:

If NO: Please complete the following question:

Have you completed CAT Year 2 practitioner training?
(tick appropriate answer) ☐ NO ☐ YES

If YES: Year of completion:

Training provider:

If NO: Please provide the status and details of any completion requirements which are outstanding:

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO training@orygen.org.au

REVOLUTION IN MIND