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## COURSE APPLICATION FORM

# COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING COURSE



Course commencement year:

### 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?

No  Yes  Prefer not to answer

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

No  Yes - If yes, please provide details



**PROFESSIONAL DETAILS**

Workplace:

Qualifications:

Position:

**1. Briefly outline your learning objectives for year two. Use the CAT core competencies to guide you on what you would like to work on (interpersonal skills, conceptual skills, intervention skills and personal wellbeing and values).**

**2. Have you attached your year one completion form?**

YES

NO

If not, your place will only be confirmed after you have submitted this form

**3. Briefly describe how you will access suitable clients.**

Do you need/have permission to conduct CAT with these clients under supervision?

It is expected that you will be able to offer at least two 16-session CAT interventions out of the minimum of eight cases required for year two, and that the CAT sessions will usually be held weekly. Are there any particular barriers to offering this, and if so how will you resolve these?



**4. Please nominate what days and times you would be able to attend a CAT supervision group. If you have a preference, please also indicate this.**

(Note: these are preliminary indicators of preference only. We will do our best to try and accommodate these and there will be further discussion of days and times during the course)

Tick	Tick
<input type="checkbox"/> Monday	<input type="checkbox"/> Early mornings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Mornings
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Thursday	<input type="checkbox"/> Early evenings
<input type="checkbox"/> Friday	

**5. Comments**

Please include any additional comments (e.g. known absences etc).

**PLEASE RETURN YOUR COMPLETED COURSE APPLICATION FORM TO [TRAINING@ORYGEN.ORG.AU](mailto:TRAINING@ORYGEN.ORG.AU)**



**GET IN TOUCH**

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL +61 3 9966 9100 OR SEND AN EMAIL TO [INFO@ORYGEN.ORG.AU](mailto:INFO@ORYGEN.ORG.AU)  
[ORYGEN.ORG.AU](http://ORYGEN.ORG.AU)

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