



Cognitive Analytic Therapy Training – Year 2 Application Form

Course Commencement Dates:	
PERSONAL DETAILS	
First Name:	Surname:
Address:	
Preferred contact number:	
PROFESSIONAL DETAILS	
Workplace:	Qualifications:
Position:	
1. Briefly outline your learning objectives for year 2. Use the CAT core competencies to guide you on what you would like to work on (<i>interpersonal skills, conceptual skills, intervention skills and personal well-being & values</i>)	

2. Have you attached your Year 1 Completion form? YES ☐ or NO ☐ (tick appropriate answer)

If not, please complete the following questions:

i. Name of year 1 CAT supervisor(s):

ii. Number of completed CAT cases (please note initials and number of sessions e.g. AB#16):

iii. Have you submitted your year 1 reflective essay: YES ☐ (date submitted:) or NO ☐

iv. Have you submitted your year 1 case study: YES ☐ (date submitted:) or NO ☐

3. Briefly describe how you will access suitable clients.

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

ii. It is expected that you will be able to offer at least two 16 session CAT interventions out of the four cases required for year 1, and that the sessions will usually be held weekly. Are there any particular barriers to offering this, and if so how will you resolve these?*

* Please let us know if you would like to discuss this with us

4. Please nominate what days and times you would be able to attend a CAT supervision group – if you have a preference, please 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 Preferred time (if any)

Monday	<input type="checkbox"/>	_____	After hours (am or pm)	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	_____	During office hours	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	_____		
Thursday	<input type="checkbox"/>	_____		
Friday	<input type="checkbox"/>	_____		

OFFICE USE ONLY

Accepted into course ☐

Not accepted into course ☐

Comments:

Please return your completed form to training@orygen.org.au