

COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING COURSE

YEAR TWO

PERSONAL DETAILS

Surname:

Address:

Preferred contact number:

Preferred email address:

Dietary requirements:

PROFESSIONAL DETAILS

Workplace:

Qualifications:

Position:

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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?
(tick appropriate answer)

☐ YES

☐ NO

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

☐ NO

date submitted:

iv. Have you submitted your Year 1 case study:

☐ YES

☐ NO

date submitted:

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 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?

**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	

OFFICE USE ONLY

<input type="checkbox"/> Accepted into course	<input type="checkbox"/> Not accepted into course
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Comments:

PLEASE RETURN YOUR COMPLETED FORM TO TRAINING@ORYGEN.ORG.AU



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