ory gen

## **COURSE APPLICATION FORM**

## COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING COURSE



Course commencement dates:	
PERSONAL DETAILS	
First name:	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 Cowhat you would like to work on (interpersonal skills, conceptual wellbeing and values).	-	9	
2. Have you attached your year one completion form? (tick appropriate answer)	☐ YES	□ №	
If not, please complete the following questions:			
i. Name of year one 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 one reflective essay:	☐ YES	□NO	
	date submitted:		
iv. Have you submitted your year one 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 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	
☐ Monday	☐ Early mornings	
☐ Tuesday	☐ Mornings	
☐ Wednesday	☐ Afternoons	
☐ Thursday	☐ Early evenings	
☐ Friday		
PLEASE RETURN YOUR COMPLETED COURSE APPLICATION FORM TO TRAINING@ORYGEN.ORG.AU		
OFFICE USE ONLY		
☐ Accepted into training course	☐ Not accepted into training course	
Comments:		



## **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

ORYGEN.ORG.AU

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