



COGNITIVE ANALYTIC THERAPY TRAINING: YEAR ONE

APPLICATION FORM

Course Commencement Dates:	
PERSONAL DETAILS	
First Name:	Surname:
Address:	
Preferred contact number:	
Preferred email address:	
Dietary requirements:	
PROFESSIONAL DETAILS	
Workplace:	Qualifications:
Position:	

1. Briefly describe your psychotherapy experience: (e.g., training, preferred models etc.)

2. Briefly describe your clinical experience: (e.g., six years in Adult AMHS mostly working with chronic schizophrenia, two years private practice treating anxiety & depression etc.)

3. Briefly describe how you will access suitable clients.

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

b. 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 one, 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 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	<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	<input type="checkbox"/>		

5. Required attachments:

Along with your application form, please attach in typed format the following:

- | | Tick |
|---|--------------------------|
| a. A reflective statement on your current therapeutic approach and what you hope to gain from the training, include how you see yourself using it in the future (500 words) | <input type="checkbox"/> |
| b. A reflective statement on why it is important for clinicians to develop an understanding of their own emotional life (500 words) | <input type="checkbox"/> |

Please ensure you type your name and date of application on each of these attachments

OFFICE USE ONLY

Accepted into course

Not accepted into course

Comments:

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