

**Application for the 2016/17
International Certification Training Program
In Schema Therapy**

**All applications and supporting materials for the 2016 program must be
received by 6th November 2016.**

**Late applications will only be considered if there are still openings
available**

Name _____

Date _____ Gender: Male Female

Institution/Organisation and Title (if any):

Work Address: _____

City/Postal Code: _____

Home Address: _____

City/Postal code: _____

Country: _____

*Work Telephone: _____

*Mobile Phone: _____

Primary E-Mail (required): _____

We will generally correspond with you by e-mail. If we need to mail materials to you, which address should we use?

Work address

Home Address

I am applying for the following program:

StandardLevel Certification

Advanced Certification

I expect to complete the training program in:

1 year

2 years

3 Years

Education and Work Experience

Highest Degree: _____ Year Earned: _____ Field: _____

University (Include city and country): _____

Describe your practical Training (including name and location of Institution):

Describe any Postdoctoral Training:

Certification: _____

Country: _____

List previous workshops and Training in Schema Therapy, if any (include approximate dates, locations and instructors):

List the approximate hours per week you currently engage in the following professional activities:

_____ Direct patient contact _____ Supervise Other Therapists
_____ Conduct research _____ Other activities (please specify):
_____ Administration _____

Main work setting/organisation: _____

Current Position/Title: _____

I **currently** work with:

(Rate each category on a scale from 0-3 as follows: 0=not at all, 1=occasionally, 2=frequently, 3=almost always)

_____ Inpatients _____ Children _____ Individuals
_____ Outpatients _____ Adolescents _____ Couples
_____ Partial Hospital Patients _____ Adults _____ Families
_____ Criminal offenders _____ Geriatrics _____ Groups
_____ Other (please specify): _____

4. Please elaborate on your general clinical training and previous clinical experience.

5. Describe your work with schema therapy, other than workshop training you have received (e.g. articles or books you have written, number of patients you have treated, supervisory or teaching experience, research you have participated in).

6. After completing the Schema Therapy UK training program, what kinds of professional activities do you expect to participate in related to schema therapy? (Please provide as much detail as possible).

7. **To be a candidate for the training program, you must be sufficiently fluent in English to participate in the workshops, to understand master therapy sessions on DVD's conducted in English, and to read schema therapy materials in English.**

If you plan on obtaining certification, you also need to be sufficiently fluent to have individual case supervision sessions in English, and, if possible, to submit patient session recordings conducted in English.

Please answer the following:

A. I can submit audio or video recordings of actual patient sessions conducted in English:

1. YES _____
2. NO _____
3. UNCERTAIN _____

If you answered NO or UNCERTAIN to question A above, please answer the following question:

1. I can submit audio or video recordings of actual patient sessions in the following language(s) other than English:

1. _____
2. _____

8. Is there any additional information about you that would be helpful to us in evaluating your application?

9. **Required:** On the following page, list one or two professional references who have recently supervised or observed your clinical work with patients. (The clinical work does not have to involve schema therapy.) Please ask them to forward a letter of reference directly to Vartouhi Ohanian.

10. **Optional:** On the next page, list at least one other reference who can discuss non-clinical aspects of your accomplishments (including work with schema therapy if applicable), such as research, teaching, or administration. Please ask them to forward a letter of reference directly to Vartouhi Ohanian.

You may add an additional page for references, if you need more space.

1st Reference:

Name: _____

Position: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

2nd Reference:

Name: _____

Position: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

11. (Please Read and Check the Box)

I understand that the standards set forth in this program may be slightly higher than those required by the Guidelines of The International Society of Schema Therapy (ISST).

12. Required: Please put an X in the box below, and add your name and date on the line indicated. If you will be using postal mail, please sign on the line. If you will be applying by email, please *type* your name and date, or use an electronic signature.

I understand that space is limited and the workshop is only financially feasible for Schema Therapy UK to offer based on the guarantee of a required minimal number of accepted candidates. Therefore, I understand, once my application is accepted and monies have been paid, there will be no reimbursements or refunds of the first instalment under any circumstances.

By placing an X in the box above -- and by typing or signing my name and the date on the lines below -- I am accepting these terms as legally binding.

Type or sign Your Name

Today's Date

Please e-mail your completed application, with a copy of your curriculum vitae, to:

E-mail:

contact@schematherapyuk.com

(or attach via the form on the website Contact page)