



Cognitive Analytic Therapy Training – Year 1 Application Form

Course Commencement Dates:	
PERSONAL DETAILS	
First Name:	Surname:
Address:	
Preferred contact number:	
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., 6 years in Adult AMHS mostly working with chronic schizophrenia, 2 yrs. private practice treating anxiety & depression etc.)

3. Briefly describe how you will access suitable clients. Do you need/have permission to conduct CAT with these clients under supervision?

4. Briefly describe why you want to do this course? (include how you see yourself using it in the future)

5. 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).

☐ **Monday**

☐ **Tuesday**

☐ **Wednesday**

☐ **Thursday**

☐ **Friday**

OFFICE USE ONLY

Accepted into course

Not accepted: comments:

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