
APPLICATION FORM

COGNITIVE ANALYTIC THERAPY (CAT) SUPERVISION ADVANCED SKILLS WORKSHOP

ory
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PERSONAL DETAILS

First name:

Surname:

Preferred name:

Preferred pronouns:

Address:

Preferred contact number:

Preferred email address:

Alternative email address (Optional):

Do you identify as of Aboriginal or Torres Strait Islander descent?

(tick appropriate answer) ☐ NO ☐ YES ☐ Prefer not to answer

Do you have any pre-existing injury, medical condition or disability that would require reasonable adjustments be made?

(tick appropriate answer) ☐ NO ☐ YES

If YES: Please provide details

Are you a current ANZACAT member?

(tick appropriate answer) ☐ NO ☐ YES

PROFESSIONAL DETAILS

Workplace:

Qualifications:

Position:

ELIGIBILITY

Have you completed an Introduction to CAT Supervision workshop?

(tick appropriate answer) ☐ NO ☐ YES

If YES: Name of course and dates

Are you accredited with the Australian and New Zealand Association of Cognitive Analytic Therapy (ANZACAT) as a CAT practitioner?

(tick appropriate answer) ☐ NO ☐ YES If YES: Year of accreditation

PLEASE RETURN YOUR COMPLETED APPLICATION FORM to training@orygen.org.au

REVOLUTION IN MIND