

## APPLICATION FORM 2021

## 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:
Workplace: Position:	Qualifications:
Position:	



2. Briefly describe your clinical experience: (e.g., six y schizophrenia, two years private practice treating an		
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 four cases required for Year 1, 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 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		



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5. REQUIRED ATTACHMENTS:		Tick
Along with your application form, please attach in typed format the following:		
i. A reflective statement on your current therapeutic approach and what you hope to gain from the training, including how you see yourself using CAT training in the future (500 words).		
ii. A reflective statement on why it is important for clinicians to develop an understanding of their own emotional life (500 words).		
OFFICE USE ONLY		
☐ Accepted into course	☐ Not accepted into course	
Comments:		
PLEASE RETURN YOUR COMPLETED FORM TO TRAINING@ORYGEN.ORG.AU		





## **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

35 POPLAR ROAD PARKVILLE VIC 3052 AUSTRALIA

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