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## COURSE APPLICATION FORM

# COGNITIVE ANALYTIC THERAPY PRACTITIONER TRAINING COURSE



Course commencement year:

### PERSONAL DETAILS

First name:

Surname:

Preferred name:

Preferred pronouns:

Address:

Preferred contact number:

Preferred email address:

Alternative email address (Optional):

Dietary requirements:

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

No  Yes  Prefer not to answer

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

No  Yes - If yes, please provide details

## 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 and depression, etc.)

**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 minimum of four cases required for year one, and that the CAT 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
<input type="checkbox"/> 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	

**REQUIRED ATTACHMENTS**

Along with your course application form, please attach in typed format the following:	Tick
A reflective statement on your current therapeutic approach and what you hope to gain from the training course, including how you see yourself using CAT training in the future (500 words).	<input type="checkbox"/>
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 RETURN YOUR COMPLETED COURSE APPLICATION FORM TO [TRAINING@ORYGEN.ORG.AU](mailto: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](mailto:INFO@ORYGEN.ORG.AU)  
[ORYGEN.ORG.AU](http://ORYGEN.ORG.AU)

**ORYGEN LTD**

35 POPLAR ROAD  
PARKVILLE VIC 3052  
AUSTRALIA

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