



CounselCareCanada Learning Solutions

<http://www.counselcarecanadalearningsolutions.com>



A Canadian Learning Organization

Application Form for CBT-AG- 09180219

Learn to Facilitate Group for CBT Client Anxiety

Sept 30, 2018 to Feb 15, 2019

Early Bird Discount of \$275 with Registration and Payent in full before September 1

Please complete this application form and return it to registration@ccclearningsolutions.com or Fax (519) 488-1061. Please allow 24 hours for a reply

In order to register for the CounselCareCanada Learning course “**Learn to Facilitate Cognitive Behaviour Therapy Client Groups with Anxiety**”, participants are asked to commit to: participate fully in the program in the best interest of themselves and their learning peers; to use the CBT model to its fullest as taught in this program (fidelity to method); and to abide by the policy of respecting the curriculum for the course “**Learn to Facilitate Cognitive Behaviour Therapy Client Groups with Anxiety**” as the sole property of CounselCareCanada Learning Solutions, and not to share with others in any way without the explicit consent of the organization.

I agree to the conditions listed above _____

Personal Information *(please complete all fields)*

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Male: _____ Female: _____

Street Address: (number & name): _____

Town or City Name: _____ Postal/Zip: _____

Province/State: _____ Telephone #: _____

Time Zone: _____ Email address: (please write clearly): _____

Emergency Contact Name & Contact Information:



Professional Designation

What is your Professional Discipline?

- | | | | |
|----------------------------------|--------------------------|----------------------------|--------------------------|
| Registered Social Worker | <input type="checkbox"/> | | |
| Registered Social Service Worker | <input type="checkbox"/> | Registered Psychologist | <input type="checkbox"/> |
| Registered Nurse | <input type="checkbox"/> | Addictions Counsellor | <input type="checkbox"/> |
| Marriage & Family Therapist | <input type="checkbox"/> | Registered Psychotherapist | <input type="checkbox"/> |
| Mental Health Counsellor | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> |
| Registered Dietician | <input type="checkbox"/> | Pastoral Counsellor/Priest | <input type="checkbox"/> |
| Physician | <input type="checkbox"/> | Pharmacist | <input type="checkbox"/> |
| Recreation Therapist | <input type="checkbox"/> | Other _____ | |

Professional Experience

Are you a student in your field? *(If so please indicate the name of your program and school):*

How many years have you worked in your discipline? _____

What is your current knowledge level in CBT? *(Read a book, it was covered in a course, attended a workshop, none, etc.):*

Do you have access to clients with which you can practice CBT? _____



Please check as many of the following that apply to your situation:

I currently work with counselling/therapy clients on a regular basis (weekly)

I currently work with or have worked with counselling/therapy clients as a student:

I have recently studied counselling but have never worked with a client:

I have graduated from a counselling program and am in the process of setting up a practice:

Please check the services you have provided to counselling/therapy clients:

| Service | Past (# of years) | Current |
|--|-------------------|---------|
| Supervision of others in my discipline | | |
| Individual Psychotherapy | | |
| Group Psychotherapy | | |
| Addictions Counselling (substance) | | |
| Addictions Counselling (process) | | |
| Skills Training | | |
| Educator of others in my discipline | | |
| As a student counsellor/therapist | | |
| Crisis Intervention Role | | |
| Community Treatment of Severe Mentally ill | | |
| Case Management in the Mental Health Field | | |
| Group Psychoeducation | | |
| Pharmacotherapy | | |
| Support to Family Members | | |
| At Risk Clients | | |
| | | |



In which of the following models have you received training and supervision?

| Name of Model | Formal Course Based | Supervision | Self-Directed Learning |
|---|---------------------|-------------|------------------------|
| Client Centered Therapy | | | |
| Contextual Therapy | | | |
| Brief Solutions Focused Therapy | | | |
| Gestalt Therapy | | | |
| Object Relations/ Self-psychology Therapy | | | |
| Integrative Therapy | | | |
| Expressive (Narrative) | | | |
| Analytical | | | |
| Systems Therapy | | | |
| Mindfulness Models | | | |
| Schema Based Therapy | | | |
| Insight Oriented Therapy | | | |
| Play Therapy | | | |
| Nursing Theories | | | |

Please indicate the Methods/Techniques you already use in your practice, and how these methods/techniques were learned:

| Methods/techniques | Formal Education & Supervision | Informal Self-Directed Learning |
|---|--------------------------------|---------------------------------|
| Cognitive Behaviour Therapy (Assessment) | | |
| Cognitive Behaviour Therapy (Individual Case Conceptualization) | | |
| Collaboratively Setting Therapy Goals with Clients | | |
| Psycho-Education about Thoughts, Beliefs, and Actions | | |
| Radical Acceptance of Clients | | |
| Cognitive Interventions for Schema Change | | |
| Identification and Evaluation of Negative Automatic Thoughts (NATS) | | |
| Identification of Emotional Dysregulation in Clients | | |
| Providing Insight into Client Problems | | |
| Increasing Self-cohesion and Integration | | |
| Client Skills Training | | |



Payment Information

Program Cost (due with application):

Credit Card information sent or Check mailed¹ for amount of _____ (Cost of Program and 13% HST)

Before September 1, 2018: \$1450.00 Less Early Bird Discount of \$275.00 = \$1175.00 plus HST \$152.75 = \$1327.75

After September 1, 2018: \$1450.00 plus HST \$188.50 = \$1638.50

It is possible to make two payments (\$25 fee for processing for a Total, \$1,663,50)

1st payment of \$831.75 (before September 10, 2018)

2nd payment of \$831.75 (before January 10, 2019)

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Credit Card Information:

MasterCard Visa American Express Discover

Name as it appears on Credit Card (please print): _____

Address of Credit Card owner (if different than above): _____

Credit Card Number #: _____

Expiry Date: (month) _____ year _____

Three or Four Digit Security Code, depending on Credit Card Company, (on back of card in upper right corner):

Signature: _____

(Please see next page)

¹ Check mailed to: CounselCareCanada Learning Solutions, 347 St. George Street, Unit # 1, Dresden, ON, N0P 1M0



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I hereby authorize CounselCareCanada Learning Solutions to charge my credit card account number as indicated above with:

1. A one-time payment for the total cost of the program (before Early Bird date Sept 1, 2018) the amount of: \$1525.50 _____
2. On or Before September 10, 2018 the amount of: \$1638.50 _____
3. When a payment plan is selected, a one-time processing fee of \$25 applies. The cost of \$1663.50 is arranged over two payments: 1st payment of \$831.75 (before September 10, 2018); 2nd payment of \$831.75 (before January 10, 2019) _____

Signature: _____