CounselCareCanada Learning Solutions

http://www.counselcarecanadalearningsolutions.com

Application Form for DBT-FIC-09170418

Working with Families in Crisis: DBT as a Treatment Model

September 11, 2017 to April 17, 2018

Registration Deadline August 24, 2017

Early Bird Discount Before August 9

Please complete this application form and return it to counselcarecanada@bell.net If you have any questions, please call: (519) 627-7655 or Fax (519) 627-7977, and allow 24 hours for a reply. In order to register for the CounselCareCanada Learning course “**Working with Families in Crisis: DBT as a Treatment Model**”, 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 “**Working with Families in Crisis: DBT as a Treatment Model**” 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:

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Professional Designation

What is your Professional Discipline?

Registered Social Worker ☐

Registered Social Service Worker ☐

Registered Nurse ☐

Marriage & Family Therapist ☐

Mental Health Counsellor ☐

Registered Dietician ☐

Physician ☐

Recreation Therapist ☐

Registered Psychologist ☐

Addictions Counsellor ☐

Registered Psychotherapist ☐

Occupational Therapist ☐

Pastoral Counsellor/Priest ☐

Pharmacist ☐

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 or have worked 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		

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A Canadian Learning Organization

Payment Information

Program Cost due with application in form of check made payable to **CounselCareCanada Learning Solutions** or with Credit Card.

Credit Card information sent or Check mailed[1] for amount of______________________(Cost of Program and 13% HST)

Early Bird Rate (Before August 9, 2017): $1250 Less Early Bird Discount of $100.00 = $1150 plus HST $149.50 = $1299.50

After Early Bird Date (of August 9 and before August 24): $1250 plus HST, $162.50= $1412.50)

It is possible to make two payments ($25 fee for processing for a total of $1437.50)

1st payment of $718.75 (before August 24)

2nd payment of $718.75 (before October 24)

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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 _____ Postal Code of Credit Card owner: _________________

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, 707 James Street, Wallaceburg Ontario, Canada, N8A 2P4

I hereby authorize CounselCareCanada Learning Solutions to charge my credit card account number and hereby place my signature beside the payment option I have chosen:

1. A one-time payment for the total cost of the program (before August 9) in the amount of$1299.50________________
2. A one-time payment for the total cost of the program (after August 9 and before Aug 24) in the amount of $1412.50________________
3. When a Payment Plan is scheduled, a one-time processing fee of $25 is charged and the total is $1437.50. Two payments can be made: 1st payment of $718.75 (before August 24); 2nd payment of $718.75 (before October 24)

Signature: ____