



CounselCareCanada Learning Solutions

<http://www.counselcarecanadalearningsolutions.com>

A Canadian Learning Organization 

Application Form for CBT-CA-10180219

Cognitive Behaviour Therapy with Children & Adolescents

Oct 22, 2018 to Feb 27, 2019

Early Bird Discount of \$125 when Registered and Paid in Full Before Sept 10

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

In order to register for the CounselCareCanada Learning course “Cognitive Behaviour Therapy with Children & Adolescents”, 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 Cognitive Behaviour Therapy with Children & Adolescents as the sole property of CounselCareCanada Learning Solutions, and not to share with others or 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 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):

In form of check made payable to **CounselCareCanada Learning Solutions** or with Credit Card.

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

(Before Sept 10, 2018: \$1275 Less Early Bird Discount of \$125.00 = \$1150 plus HST \$149.50 = \$1299.50)

(After Sept 10: \$1275 plus HST = \$1440.75)

It is possible to make two payments (\$25 fee for processing: 1465.75/2)

1st payment of \$735.88 (before September 18, 2018)

2nd payment of \$735.88 (before January 15, 2019)

Please note that it is not advisable to send personal checks through the mail. If your organization is paying on your behalf, please advise to send the payment to CounselCareCanada Learning Solutions, Box 116, 347 St George Street, Dresden, ON, N0P 1M0

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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): _ _ _ _

I authorize CounselCareCanada Learning Solutions to charge: \$ _____ to the credit card account number indicated above.

Postal Code of Credit Card owner: _____

Signature: _____

(Please see next page)



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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 Sept 10) in the amount of \$1299.50 _____

2. A one-time payment for the total cost of the program (after Sept 10) in the amount of 1440.75 _____

3. Two payments for the amount of 1465.75; 1st payment of \$732.88 (before Sept 18, 2018); 2nd payment of \$732.88 (before Jan 15, 2019) _____

Signature:
