

Schema Therapy Workshops
International Certification Programme in Schema Therapy

Application for STANDARD Certification Training Programme 2019

NB: Please DOWNLOAD and save this fillable PDF before starting to fill it in as you might lose your data otherwise. Once completed you can then sent it as a normal e-mail attachment. Those using IOS (Apple products such as iPhones & iPads) will need to download Adobe Acrobat Reader from the Apple Store in order to use this fillable form).

If you have difficulty with the form please let us know.

1. Applicant's Name (title & full name for certificates etc.):
2. Applicant's Preferred Name:
3. Profession:
4. Date Qualified:
5. Address (and postcode please):
6. Work e-mail address:
7. Personal e-mail address (sometimes handouts etc. get bounced back from some organisations' e-mail addresses):
8. **Choice of Workshops and Venues**
Please tick the relevant boxes to indicate the venue where you would like to attend the workshops (i.e. Manchester or London, or a mix):

MANCHESTER

Workshop 1: 4, 5, 6 March 2019 (MANCHESTER)

Alternative choice Workshop 1: 2, 3, 4 Sept 2019 (MANCHESTER)

Workshop 2: 17, 18, 19 June 2019 (MANCHESTER)

Workshop 3: 18 June 2019 (MANCHESTER)

LONDON

Workshop 1: 10, 11, 12 June 2019 (LONDON)

Workshop 2: 9, 10, 11 Sept 2019 (LONDON)

Workshop 3: 12 Sept 2019 (LONDON)

This section is about payment

The cost of the STANDARD Certification route is **£3,338** or £3,240 if you qualify for the Early Bird rate (application to be received by us by 1 August 2018) but please do not send any money at this stage. Also, we are very happy to organise payment by instalments; just ask for what fits for you. You may use section 7 below to make us aware of this.

1. Will you be self-funding? Yes
- No

Not self-funding

If you are **not** self-funding please provide invoicing details below. Please note that your organisation will not be contacted until your application for training is successful. If you have submitted an application for funding which hasn't yet been agreed please still continue with this application and make us aware of this below.

2. Full name of Trust / Organisation

3. Purchase Order Number (if applicable)

4. Name and address of person/department we should send the invoice to (with postcode please)

5. Tel no (if known)

6. E-mail address (if known)

Self-funding

7. If you are self-funding please enter invoice details if they are different from those on page 1, and let us know how you would like to pay. If you would like a list of various payment options over 1 or 2 years please ask; we are very flexible with self-funding payment

**This section is about your qualifications and clinical practice.
Please give specific details of the following:**

1. Your access to personality disordered clients, or clients with significant PD features. Access to clients who are appropriate for schema mode work due to complication, chronicity, failure to respond to treatment or relapse.
2. The length of time you would be able to work with your personality disordered clients and other clients as part of the certification programme? It is essential that you are able to provide longer-term treatments to clients (minimum of 12 months)
3. Any schema therapy training and/or supervision you have already received (if any)
4. The Certification/Accreditation Programme process requires that your supervisor and external rater(s) have access to recorded sessions with your clients. Is this acceptable, and has it been agreed by your workplace/employer? This is an essential element of training!
5. Academic training: You must hold at least a bachelor's degree (but please contact us if you don't as there may be mitigating circumstances which can be applied).
6. Current accreditation of your clinical practice: you must be accredited with one of the following regulatory bodies, allowing you to provide one-to-one individual therapy (if you don't belong to one of these bodies please press 'other' and enter which body you are accredited with, as this might still meet the entry criteria):
 - a. BABCP (Full accreditation is required)
 - b. BACP (at least individual counsellor/psychotherapist accreditation is required)
 - c. Psychologists are not required to belong to the BABCP or BACP but must be eligible for BPS chartered membership and must belong to the HCPC.
 - d. If your response to the above is 'Other', please give details
 - e. Date of full accreditation or eligibility for BPS chartership
 - f. Registration number of regulatory body

e. Are you a member of the HCPC?

Yes

If yes, please enter registration number

No

Please note: Applicants not holding accredited membership to one of the above bodies may still be eligible to join an ISST-approved training programme if they hold a core qualification in mental health. Please see our website for more details. Please give all details including dates and membership numbers.

ISST regulations stipulate that you must complete the certification/ accreditation process within 3 years (extensions can be applied for to the ISST in extenuating circumstances) after completing the workshop element of the programme. Can you commit to this?

Yes

No

7. Your current work as a mental health professional and how schema therapy might be useful. Please limit this to about 150 words.

8. Anything else that you wish to include here.

Please now check the form to ensure you have completed it fully, save it, and then send it to us as an e-mail attachment or by post, using either the postal address or e-mail address below:

Either to: **Schema Therapy Workshops, 3 Cork Drive, Pontprennau, Cardiff, CF23 8PU**
Or to: info@schematherapytraininguk.com Or info@schematherapyworkshops.com

Websites: www.schematherapytraininguk.com / www.schematherapyworkshops.com