

INTER-REGIONAL RESIDENTIAL ACAT PSYCHOTHERAPY TRAINING 2015
in
COGNITIVE ANALYTIC THERAPY (IRRAPT)

Organised by
THE ASSOCIATION FOR COGNITIVE ANALYTIC THERAPY (ACAT)

Application Form

Date _____

Date of Birth _____

Name _____

Core Profession _____

Full Residential Address

Residential Telephone _____

Residential Mobile _____

Residential Email _____

Work Address

Work Telephone _____

Work Mobile _____

Work Email _____

We would like to use email to contact you regarding the course administration. Please state which email address you prefer us to use. _____

Please state where you prefer future postal correspondence regarding this course to be directed. _____

Please state where you prefer to be contacted by telephone. _____

CAT Practitioner Training

Which Regional Practitioner Training have you completed?

Who was the Course Director/Co-Ordinator?

Who were your supervisors for your clinical work?

Did you undertake a Psychiatric Placement, if so please give details?

Dates of beginning and completing the course

Date of accreditation by ACAT

If you have not yet completed the Practitioner Training when do you intend to complete it and what are the remaining elements you need to complete? E.g. supervised clinical hours, personal therapy, written work.

CAT Clinical Experience

Please give details of your CAT Clinical experience identifying number of cases, length of contract, diversity of people/problems, work context and total CAT hours accumulated which have been supervised by an Accredited CAT Supervisor.

Personal CAT

Please give the name of your CAT Therapist(s) and the duration of your personal therapy. Please indicate whether this is current or past experience. NB Your Personal Therapist will not be contacted. It is necessary to have this information to ensure that the boundaries of your therapy are maintained.

Personal Psychotherapy

Please describe the duration, frequency and theoretical orientation of any other personal psychotherapy you may have had. Please indicate whether this is current or past experience.

Current Supervision

Name of current CAT Supervisor and Supervision arrangements (group or individual, duration, frequency).

Name of current Supervisor (other than CAT) and their theoretical orientation and duration, frequency of supervision arrangements.

Other experience

Please describe any counselling/psychotherapy experience that you have had in addition to CAT Practitioner Training (theoretical and clinical) Please identify the number of hours or length of this training.

Funding

If you are offered a place on the course, how do you intend to fund your training i.e. will you be self-funding or partially funded by an institution? Please give details. Please note that should institutional funding be withdrawn you will be personally liable for any outstanding payment.

Dates

Please specify any dates you are on leave and unavailable for interview from November 2014 to March 2015.

References

Please give the full name, address (including postcode) and email address of two people who will provide you with a written reference, preferably both ACAT members. One of these references must be from your CAT Practitioner Course Director. The second reference should preferably be from your CAT Supervisor.

1st Reference

Name:

Position:

Postal Address:

Postcode:

Email Address:

2nd Reference

Name:

Position:

Postal Address:

Postcode:

Email Address