|  |
| --- |
| Schema Therapy Training Australia  |
| Certification  |
|  |
| Name: |  |  |
| Profession:  |  |  |
| Date:  |  |  |
| Address: |  |  |
|  |  | Postcode: |  |  |
| Tel no:  |  | Fax no: |  |  |
| E-mail: |  |  |
| Institution/Organisation (if any): |  |  |
|  |  |  |  |  |  |
| Available Workshops Please indicate which workshop(s) city you wish to attend |  |
| Workshop 1  |  |  |   |  |  |
| Workshop 2: |   |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Please give *brief* details of your current work as a mental health professional.2. Please give details of any schema therapy training and/or supervision you have already received (if any).3) Please comment on your access to clients with personality disorders and long-term work. 4) What are your qualifications? |

If you complete online Zoom training as part of your accreditation, please read and sign the following statement

“We ask the attendees to ensure they attend all sessions and do not engage in other activities (such as internet surfing or doing other work on their devices) during the session online zoom training session. Participants are requested to ask the presenter if you need to leave session early or arrive late to a session”.

I understand agree with the statement outlined above

Signature-

 Please return this form to:

**via email to- info@schematherapytraining.com**

Via mail- Attention Chris Hayes

### Schema Therapy Training

Po Box 727

Wembley, WA, 6913