



APPLICATION

FAMILY SYTEMS INTERVENTIONS IN CHILD & FAMILY SERVICES AGENCIES

LEVEL I **LEVEL II** **LEVEL III**

NAME OF APPLICANT: _____

TITLE OF APPLICANT: _____

AGENCY NAME: _____

ADDRESS: _____

POSTAL CODE: _____ **BUS. #:** _____ **CELL. #** _____

EMAIL ADDRESS: _____

SUPERVISOR'S NAME AND TITLE: _____

SUPERVISOR'S ADDRESS, IF DIFFERENT FROM ABOVE: _____

1. LIST DEGREES/CERTIFICATES THAT YOU HOLD: _____

2. LIST WORKSHOPS, CONFERENCES AND COURSES TAKEN RELEVANT TO FAMILY THERAPY: _____

3. HOW LONG HAVE YOU WORKED IN CHILD WELFARE OR OTHER SERVICES FOR FAMILIES: _____

4. WHAT HAS BEEN YOUR MAJOR FOCUS, I.E. PROTECTION, ADOPTION, ETC.? _____

5. WHAT IS YOUR THERAPEUTIC ORIENTATION? _____

6. DESCRIBE YOUR CURRENT LEARNING GOALS: _____

7. WHAT IS YOUR MAIN INTEREST/GOAL IN TAKING THIS COURSE? _____

