**Internship, Practicum and Post-Doctoral Application**

**----------------------------------------------------------------------------------------------------**

|  |  |
| --- | --- |
| Identifying Information |  |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email Address: |  |

Earliest date you could begin training:

Latest starting date you would consider:

**\*\*Please Note: Trainees are required to work on Saturdays**

**CURRENT (OR MOST RECENT) CLINICAL EXPERIENCE (Use additional pages as necessary)**

Agency name:

Agency Address:

Phone:

Year Ending:

Months at the agency: Hours per week:

Supervisor:

Total number of clients seen (approximate): Maximum case load:

Briefly describe the salient aspects of this training experience. Optional: Was there anything about this experience that you especially liked or disliked?

**PREVIOUS CLINICAL EXPERIENCE: (**Next most recent clinical position.)

Agency name:

Agency Address:

Phone:

Year Ending:

Months at the agency: Hours per week: Supervisor:

Total number of clients seen (approximate): Maximum case load:

Briefly describe the salient aspects of this training experience. Optional: Was there anything about this experience that you especially liked or disliked?

**PLEASE DESCRIBE YOUR INTEREST IN THE SATURDAY CENTER, WHY ARE YOU APPLYING HERE?**

**ESSAY QUESTION 1:**

*WHAT DO YOU SEE YOURSELF ACCOMPLISHING AT OUR TRAINING SITE?*

How do you envision The Saturday Center meeting you training goals and interests? What areas of professional and personal growth do you hope to achieve? Please examine your stage of development as a therapist to inform your response. Please be specific with your answer. (1-3 double spaced, typed pages)

**PERSONAL PSYCHOTHERAPY**

1. CURRENT OR MOST RECENT THERAPY

* Duration:
* Number of sessions per week:
* When ended:
* Type (Individual, couple, group):
* Orientation (CBT, Gestalt, Humanistic, Psychodynamic):

1. PREVIOUS THERAPY

* Duration:
* Number of sessions per week:
* When ended:
* Type (Individual, couple, group):
* Orientation (CBT, Gestalt, Humanistic, Psychodynamic):

3. EARLIEST (FIRST) THERAPY

* Duration:
* Number of sessions per week:
* When ended:
* Type (Individual, couple, group):
* Orientation (CBT, Gestalt, Humanistic, Psychodynamic):

OPTIONAL: What would you like us to know about your therapeutic experiences? (Use additional pages as necessary)

**ESSAY QUESTION 2:**

**WHAT IS YOUR THEORETICAL ORIENTATION?** (1-3 double spaced typewritten pages) Please include the following points in your response.

* Do you have a theoretical orientation?
* If yes, what is your theoretical orientation?
* How much and in what ways does your understanding of this theory help you when working with clients?
* How do you conceptualize the material presented by your clients and your role as a therapist?
* If no, what orientation (if any) you would like to develop? How do you approach understanding your clients?

**ESSAY QUESTION 3:**

**AUTOBIOGRAPHY STATEMENT** (1-3 double spaced typewritten pages)

**LANGUAGES SPOKEN:** Please list all languages (other than English) in which you would be comfortable conducting a session.

**CURRICULUM VITAE:** Please attach a current CV.

**LETTERS OF RECOMMENDATION**:

We require 3 letters of recommendation, we especially appreciate letters from your principle supervisor (or the director) at one or both of your last two field placements, and if desired, from instructors of clinical and theoretical courses who are willing to receive a telephone call and discuss your strengths and weaknesses.

**TRANSCRIPTS:** (Please do not send a pass/fail transcript)

For schools that use a pass/fail system and are able to convert a letter grade, please request such a conversion.