



General Information

Home Address
Home Phone Work Phone
E-mail address

How did you learn about our Postgraduate Training Program?

Education

Degree Year Completed Institution
Degree Year Completed Institution
Degree Year Completed Institution

Are you licensed by the State of Illinois? No Yes Type of License License number

Professional Therapy Training: List internships, certificate programs, supervision, intensive trainings, etc.

Table with 3 columns: Year, Organization / School, Title of Training

Clinical Experience

Years of post-masters clinical experience: Years of related experience (may be volunteer):

Please check significant clinical experience (i.e.: more than one or two clients):

Experience working with women/women's issues? Experience with individuals?
Experience working with trauma? Experience with couples?
Experience with adults? Experience with families?
Experience with adolescents? Experience with groups?
Experience with children? Experience with presentations?

References

Please list three supervisors or colleagues who could speak to us about your clinical work

- 1. Name Position Telephone
2. Name Position Telephone
3. Name Position Telephone



Questions

What interests you about the Postgraduate Fellowship Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some goals you would have for your learning experience with us (please be as specific as possible)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What concerns or questions do you have about participating in this intensive program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you hope to do after completing this training program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form along with a copy of your resume/CV and a cover letter indicating the reasons you would be a good fit for this program to:**

**Womencare Counseling Center  
Attn: Postgraduate Fellowship Program  
1740 Ridge Avenue, Suite 201  
Evanston, IL 60201**

I certify all the above information is accurate and true

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applications must be received in our office by 9:00 am on March 15.**