

Trauma Consultation Training Program

Application

Application deadline is August 15

General Information

Name _____ Date: _____

Home Address _____

Cell Phone _____ E-mail address _____

Employer's Name & Address _____

Employer's Phone (_____) _____

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 supervision, certificate programs, courses, etc.*

Year	Organization / School	Title of Training

Employment

Place of Employment _____

Discuss Experience working with traumatized populations _____

Length of Employment: from _____ to _____

Place of Employment _____

Discuss Experience working with traumatized populations _____

Length of Employment: from _____ to _____

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References

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

1. _____ (_____)
Name Position Telephone
2. _____ (_____)
Name Position Telephone

Questions

What interests you about the Trauma Consultation Group? _____

What are some goals you want to achieve after attending this consultation group?

1. _____
2. _____
3. _____
4. _____
5. _____

Where did you hear about the Trauma Consultation Training Program:

I certify all the above information is accurate and true

Signature

Date

Please return this form and a \$25.00 nonrefundable application fee to:

Womencare Counseling Center
1740 Ridge Avenue, Suite 201
Evanston, IL 60201
Attn: TCG Application

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If you have any questions please call Laurie Kahn at 847-475-7003x22 or Program Coordinator at 847-475-7003 x21.