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| --- | --- | --- | --- | --- | --- | --- |
| application | | | | | | |
| (you may attach a current resume or cv in place of educational background and professional experience sections, add additional pages if necessary) | | | | | | |
| Name: | | | | | | |
| Email: | | Home/Work Phone: | | | Cell Phone: | |
| Current address: | | | | | | |
|  | |  | | |  | |
| City: | | State: | | | ZIP Code: | |
|  | | | | | | |
| Do you currently run a therapy group? (y or n) | | | If yes, how long has it been running? | | | |
| If yes, what type of group is it? | | | If no, Are you planning to start running a new group? (y or n) | | | |
| **educational background** | | | | | | |
| Educational Institutions Attended: | | | | | | |
| 1. | | | | | Dates Attended: | |
| City: | State: | | | | Degree Earned: | |
|  | |  | | |  | |
|  | |  | | |  | |
| 2. | | | | | | |
| City: | | | | | Dates Attended: | |
|  |  | | | | Degree Earned: | |
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| 3. | | | | | | |
| City: | | State: | | | Dates Attended: | |
|  | | | | | Degree Earned: | |
|  | | | | | | |
| **professional experience** | | | | | | |
| List Current and Past Professional Employment: | | | | | | |
| 1. Employer: | | Address | | | Phone: | |
| Position: | | | | | | |
| Dates Employed: | |  | | |  | |
|  | | | | | | |
| Description of Responsibilities: | | | | | | |
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|  | | | | | | |
| |  |  |  | | --- | --- | --- | | 2. Employer: | Address | Phone: | | Dates Employed: |  |  | | Description of Responsibilities: | | | |  | | | |  | | | |  | | | |  | | | | | | | | | |
| 3. Employer: | | Address | | Phone: | | |
| Position: | | | | | | |
| Dates Employed: | |  | |  | | |
| Description of Responsibilities: | | | | | | |
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| **OTHER RELEVANT TRAINING OR EXPERIENCE:** | | | | | | |
| |  | | --- | | **List and describe other relevant training and experience, including dates obtained:** | |  | |  | |  | |  | |  | | | | | | | |
| **statement of intention:** | | | | | | |
| **Please describe why you are interested in The Group Project and what you wish to gain by attending:** | | | | | | |
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| **Signature of applicant** | | | | | | **Date** |