

**BACK TO BASICS: BOWEN THEORY IN CLINICAL PRACTICE
CSNSF CONSULTATION SEMINAR SERIES 2022-2023
APPLICATION FORM**

GENERAL INFORMATION:

Full Name:

Home Address:

Email Address:

Telephone:

Emergency Contact:

Relationship:

Telephone Number:

Email Address:

PROFESSIONAL AND EDUCATIONAL BACKGROUND:

Current Professional License(s):

Membership in Professional Organizations or Associations: Please list and date:

Professional Position(s):

Employer(s):

Employment Address:

Job Responsibilities:

List and Date your Academic Degrees:

List and Date any other Professional Training:

Are you currently in an Academic Program: Yes No

Please describe

Do you receive clinical supervision in your academic or work institution?

What is the theoretical perspective of your supervision?

Are you currently in a Training Program: Yes No

Please describe

Please describe your background in the study of Bowen family systems theory and therapy.

What other theoretical approaches have you studied or use in your clinical practice?

Date participation in coaching or family systems psychotherapy based in Bowen theory:

Are you currently in individual therapy or coaching? Is it based in Bowen theory?

Have you participated in therapy from approaches other than Bowen family systems psychotherapy?

Do you have a three-generation family diagram of your own family?

PERSONAL INFORMATION:

Date of Birth:

Sibling Position:

Marital Status: Date of Marriage(s):

Date of Divorce or Loss of Spouse:

Spouse's Profession and Employment:

Please list your children and their ages:

Health:

How do you describe your current health and the health of spouse and children?

List any serious illness or chronic symptoms in yourself, your spouse or children.

PLANNING FOR THE SEMINAR SERIES:

How did you hear about the CSNSF Consultation Seminar Series? What interests you in this program?

How do you see this seminar series as relevant to your goals for yourself in clinical practice?

What do you want to better understand or learn through this program? Please describe

Are there any particular challenges in clinical practice you want to address? Please describe.

Do you want to discuss the scholarship program or payment plans? Yes No

Do you want CEU's for attendance? In which field?

This application form and the information you provide are private and confidential. It will be useful in considering your application to participate in the Clinical Consultation Seminar and in any scholarship you might wish to receive. Victoria Harrison and your faculty coach/consultant are the only people who have access to this information.