

Supplementary Information for Trauma-Responsive Therapy Major

Firstname:

Surname:

1. Your previous qualification(s):

Name of Qualification/ Name of Training Institution/ Date of Achieving Qualification

2. Professional membership status (Full or Provisional):

Name of Membership/ Full or Provisional

3. Date first granted membership:

4. External clinical supervisor's qualification(s):

5. External clinical supervisor's professional membership status (Full or Provisional):

Name of Membership/ Full or Provisional

6. Duration of supervisory relationship (e.g. since 2014):

7. Frequency of supervision (e.g. fortnightly, monthly):

** You need to be under a minimum of monthly supervision to be able to complete the course MPP807 Working Therapeutically with Trauma*

8. Your experience working therapeutically with clients in a mental health setting:

Duration (e.g. years and months)/ Details (e.g. ACC, domestic violence, child abuse, etc.)/ Number of clients

9. Your current therapeutic practice i.e. current approaches and modalities:

(e.g. CBT, PCT, Narrative, EMDR, Sandplay, IDT, etc.)

10. Have you had experiences of traumatic event(s):

Yes

No

If Yes: Year(s) traumatic event(s) occurred (e.g. 2014, 2010-2014) No details required: