

**Registration Form: Advanced Group Schema Therapy Certification Training**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certified in Schema Therapy: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ In Process \_\_\_\_\_\_\_\_\_\_\_\_\_**

Please describe here how you meet the ISST requirement that you are either licensed to practice psychotherapy independently (for countries with licensing) or that you have the required alternative professional organization membership in your country.

License #/country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

Professional organization membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A prerequisite to attend Advanced GST training is having attended Standard level GST Training.

We follow the ISST guidelines re: online attendance requirements for receiving certification credits (see attached). Whole day attendance is required to receive full credit. The Self-Therapy day is one of the Standard level GST certification requirements thus not optional. Participants who attend the complete 3 day training will receive a certificate of completion for the training part of Standard GST certification.

**Payment of Tuition:**

A Paypal invoice will be sent from BASEConsulting@sbcglobal.net

for a deposit of $200. USD$ to hold your place. A second invoice for the remainder of the tuition ($700. USD) will be sent and payable by March 1. If you need to make payments in smaller installments, please notify us and we will make that arrangement. If you are in a country not able to use Paypal also contact us and we will make other arrangements with you. If you are unable to participate after payment has been made due to illness or other emergency, space permitting, and at the discretion of the director, you may have the option to apply unused monies that you have paid to a future program.

EMAIL REGISTRATION FORM TO: drjoanfarrell@gmail.com

Required: Please put an X in the boxes below and add your name and date on the line indicated. Please *type* your name and date, or use an electronic signature.

**□** I understand that space is limited, and the training is only financially feasible based on the guarantee of a minimal number of accepted participants. Therefore, I understand, once my application is accepted and monies have been paid, there will be no reimbursements or refunds under any circumstances. In the event that illness or emergency prevents your participation arrangement will be made for you to view the portions of training that you missed excluding the self-practice day. **By placing an X in the box above -- and by typing or signing my name and the date on the lines below -- I am accepting these terms as a binding agreement.**

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Type or Sign Your Name Date