

Below for your reference are the questions on application forms for IFS Institute-organized Level 1, 2, and 3 training programs. This information is for your reference and is not an actual application form.

Please do not use this document to apply for a training. Only applications submitted using a particular training's online application form can be accepted and reviewed. Thanks!

LEVEL 1 TRAINING PROGRAMS

Name (first, middle, last)

Credentials

Street address (street, city, state, zip code, country)

Phone: daytime, evening, other

Professional references (3 required)

For each reference:

Relationship to you

Reference name

Reference main daytime phone number

Reference email address

How did you hear about IFS?

How did you hear about this training?

Why did you decide to apply to this training?

Please describe your past experience with and interest in the IFS model as well as your professional intentions and goals for the model

Resume or CV is required for applicants who do not hold a clinical license

LEVEL 2 INTENSIVE TRAINING PROGRAMS

- Deepening and Expanding with IFS
- Shame, Anxiety and Depression
- Addictions and Eating Disorders

Name (first, middle, last)

Credentials

Street address (street, city, state, zip code, country)

Phone: daytime, evening, other

What other names have you gone by?

Please provide details about all Level 1 and 2 training you have completed.

Please tell us about any other IFS training(s) and experiences.

How did you hear about this training?

Why did you decide to apply to this training?

LEVEL 2 INTENSIVE TRAINING PROGRAMS

- Trauma and Neuroscience

Name (first, middle, last)

Credentials

Street address (street, city, state, zip code, country)

Phone: daytime, evening, other

What other names have you gone by?

Please provide details about all Level 1 and 2 training you have completed.

Please tell us about any other IFS training(s) and experiences.

How did you hear about this training?

Why did you decide to apply to this training?

Please describe your experience and comfort level working with clients with histories of trauma?

LEVEL 3 TRAINING PROGRAMS

Name (first, middle, last)

Credentials

Street address (street, city, state, zip code, country)

Phone: daytime, evening, other

What other names have you gone by?

Please provide details about all Level 1, 2 and 3 training you have completed.

Please tell us about any other IFS training(s) and experiences.

How did you hear about this training?

Why did you decide to apply to this training?

Please provide details about all Level 1, 2 and 3 trainings you have completed.

Please tell us about your IFS experience and your professional intentions and goals for the model?

How did you hear about this training?

Why did you decide to apply to this training?