

**LEVEL 1 TRAINING PROGRAMS**  
**Application Questions for IFS Institute-Organized Level 1 Training Programs**  
Revised 7.11.2023

**Please NOTE: This is not an actual application. This information is for your reference.**

- Questions with a red asterisk \* are **required** on the online application.
  - Some questions have maximum character counts – characters include letters, spaces, and punctuation. **Character count is not a word count.**
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- I acknowledge that my name, pronouns, credentials, and contact information will be shared on the roster with those involved in the training to facilitate necessary communications and for IFS Institute's organizational needs. I understand that my name, email address, and cell/mobile phone number are required. I will contact training@ifs-institute.com if I wish for any information to be withheld from the training roster that's shared for these purposes. I will contact training@ifs-institute.com with any information updates throughout my training, including my emergency contact information. \*
- I understand that only completed applications can be considered, that no additional information can be accepted for review after submission, and that I am providing all necessary information and materials with this submission. I understand that if clarification is needed, the trainers or someone else at IFS Institute involved with application review will contact me. \*

**First name \***  
**Preferred first name**  
**Middle name**  
**Last name \***

**Please check your preferred pronouns.**

- she/her/hers
- he/him/his
- they/them/theirs
- Alternate pronouns (fill in the blank)

**Please tell us the highest level of education you have completed. \***

Drop-down menu options:

- Associate degree
- Bachelor's degree
- University degree
- Master's degree
- Professional degree beyond a bachelor's degree
- Doctorate degree
- Other

**Please tell us your field of education (click all that apply). \***

- Counseling
- Education
- Marriage and Family Therapy
- Art/Music Therapy
- Psychiatry
- Psychology
- Social Work
- Medical
- Other (fill in the blank)

**Please tell us how many years you have been a mental health care professional. \***

Drop-down menu options:

- 0
- 1-5
- 6-10
- 11+

**Credential type (click all that apply) \***

- Licensed Therapist
- Associate/Pre-licensed Therapist
- Psychologist
- Psychiatrist
- Internationally Registered Therapist
- Mental Health Graduate Student
- Allied Health Professional
- Certified Coach
- Other
- Prefer not to answer

**Credentials (do not list license number) \*** (Fill in the blank)

### **Self-Identity Data Collection**

*Our commitment is to create a climate in which all participants and staff feel included in creating a brave and vibrant learning community. **To support the greater representation of identities among our training participants and staff, we invite you to share any aspects of your identity that you would like us to know about.***

*At the IFS Institute, our goal is to create inclusive learning environments and to attract, retain and welcome a more diverse community. We recognize that achieving this goal requires us to ensure that the people managing, leading, creating, and delivering our programs and providing feedback to us reflect greater diversity. Collecting this data is a necessary step to achieve these goals.*

*We acknowledge that staying true to these commitments will not be easy and will challenge our internal and collective systems. Throughout this journey, we are committed to caring for ourselves, each other, and our community.*

**Please tell us your age. \***

Drop-down menu options:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

**Would you like to share if you identify as a member of the LGBTQ+ Community? \***

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**If yes, would you share more about your LGBTQ+ identity here? Please select all that apply. \***

- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Asexual/ace spectrum
- Questioning
- Prefer not to answer

**Are you trans and/or nonbinary? \***

Drop-down menu options:

- Yes, I am trans and/or nonbinary
- No, I am cisgender
- Prefer not to answer

**What term best describes your gender? Please select all that apply. \***

- Woman
- Man
- Nonbinary
- Gender non-conforming
- Genderfluid
- Genderqueer
- A gender not listed here
- Prefer not to answer

**Please let us know if there is more you'd like to share about your gender identity.** (Fill in the blank – 1500 character max)

**Do you identify as neurodivergent? \***

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**Are you a person with a disability? \***

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**If yes, please select all that apply. \***

- Coordination or Dexterity (difficulty using hands/arms, for example, grasping a stapler or using a keyboard)
- Mobility (difficulty moving around, for example, from one space to another or up and down stairs)
- Blindness or Visual Impairment
- Deaf or hard of hearing
- Speech Impairment
- Learning Disability
- Other (including developmental disabilities, and all other types of disabilities)
- Prefer not to answer

**Please specify if you have a disability not listed above, or any additional information you would like to share.** (Fill in the blank – 1500 character max)

**Are you an Indigenous person? \***

*Indigenous person refers to one's relationship with inhabiting or existing in a land from the earliest times or from before the arrival of colonists.*

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**If yes, which country/region are you Indigenous to? \*** (Fill in the blank)

**Are you a member of the Global Majority? \***

*Global Majority is a collective term that encourages us to recognize that together, those of African, Asian, Latin American, and Arab descent along with Indigenous people from around the world comprise the vast majority of people worldwide. Global Majority is not meant to be male-centric or heteronormative. Understanding this truth has the power to disrupt and reframe our conversations on race.*

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**If yes, please select your ethnicity below. \***

*The request for your ethnicity is to learn what group of people you identify with according to common racial, national, tribal, linguistic, or cultural origin or background. In other words, it is meant to get an idea about your nationality, heritage, culture, ancestry, and upbringing.*

- African Diaspora (African American; Afro-Caribbean; Afro-Latinx, Afro-European, Afro-Canadian and Afro-Other)
- African
- West African
- Central African
- Southern African
- East Asian
- South Asian/East Indian
- Southeast Asian
- MENA (Middle East & North Africa)
- South American
- Central American
- Caribbean
- Person of Mixed Origin
- Other
- Prefer not to answer

**Please specify if your ethnicity is not listed above. \*** (Fill in the blank – 200 character max)

**Are you a veteran? \***

Drop-down menu options:

- Yes
- No
- Prefer not to answer

**Is there anything else you would like to share about your identity?** (Fill in the blank – 1500 character max)

## **Contact Information**

The question format will change depending on the country.

**Country \***

**Street address \***

**City \*, State \*, Zip Code \***

**Cell/Mobile Phone \***

**Work Phone**

**Home Phone**

## **Emergency Contact Information**

Please provide information for someone we could contact on your behalf in case of emergency during a training.

**Emergency Contact First Name \***

**Emergency Contact Last Name \***

**Emergency Contact Cell/Mobile Phone \***

**Emergency Contact Email Address \***

**Emergency Contact Relationship to You \***

## **Level 1 Training Application**

Please provide **THREE** professional references. For each reference:

**Relationship to Applicant \***

**Reference Name \***

**Reference Primary Daytime Phone Number \***

**Reference Email address \***

## **Additional Information**

**How did you hear about Internal Family Systems? \*** (Fill in the blank - 255 characters max)

**How did you hear about this training? \***

Drop-down menu options:

- IFS Institute
- Colleague
- Facebook
- PESI
- Other (Fill in the blank - 255 characters max)

**Why did you decide to apply to this training? \*** (Fill in the blank - 255 characters max)

**Please describe your past experience with, and interest in, the IFS model, as well as your professional intentions and goals for the model. \*** (Fill in the blank - 2000 characters max)

**Resume or CV: If you do not hold a license in a mental health field, you are required to upload your current resume or CV. Files allowed: PDF, DOC, DOCX (1MB limit)**