



Mandala Community Counselling Service Inc.

ABN 82 543 447 148

Patron
Professor Louise Newman AM
Director
Centre for Woman's Health

Clinical Training and Supervised Experience 2020

Application Form

Title		First Name:	
Surname:			
Postal Address:			
Date of Birth			
Phone:	(H):		(M):
Email:			

Return completed form to Val Javen at training@mandalacounselling.org.au

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QUALIFICATIONS

Please list all Academic Qualifications in counselling/psychology/social work or related field:

Degree/Diploma/Post Graduate	Institution	Year awarded

PROFESSIONAL MEMBERSHIP

Please list all membership of Professional organisations (eg: PACFA, ACA, Psych Reg, AASW, or equivalent) and current status eg: full clinical, student, associate etc. If you do not hold current membership, please note if you are eligible (or will soon be eligible) for membership.

Professional Organisation	Level of membership (e.g. Associate Member, Full member etc)	Years of membership

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COUNSELLING EXPERIENCE

Please list all counselling experience:

Organisation/Employer (including voluntary and placements)	Year/s	Nature of counselling experience		Client hours per week?	Did you receive supervision? If so, how often?	Individual / Group
		What was your job?	What model of counselling did you use?			

Please explain briefly why you want to do the Mandala Clinical Training and supervised experience?

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PROFESSIONAL MEMBERSHIP

Personal Therapy is highly recommended for all therapists working within the Psychodynamic Framework.

Have you had Personal Therapy? YES/NO	
If so, please state when and for how long?	
If discontinuous, please state when and for how long each time?	
What was the model of therapy used?	
Are you currently in therapy? YES/NO If in therapy, when did you start?	
What is the model used?	

If you pass Part 1 of the course and are invited to join Part 2, are you prepared to commit to two years of Counselling and Clinical Supervision? (Counselling is for two hours per week, and supervision is for 2-3 hrs per fortnight over a two year period).

**Are you willing and able to make this commitment?
YES/NO?**

How did you find out about Mandala's training and clinical supervision?

Please provide details of a Referee who would be able to discuss your counselling skills and suitability for this course (e.g. previous supervisor/employer/trainer)

Name	Phone (s)	How do they know of your counselling skills

Signature:

Date:

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