



## INTERNATIONAL CERTIFICATION PROGRAMME IN SCHEMA THERAPY

### Application for **ADVANCED** Certification Training Programme 2024

Name: (Title and full name for Certificates): \_\_\_\_\_

Name you prefer to be called by: \_\_\_\_\_

Profession: \_\_\_\_\_ Date Qualified: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### WORKSHOP DATES

WORKSHOP 1 (3 days): Feb/March 2024

WORKSHOP 2 (3 days): June/July 2024

WORKSHOP 3 (1 day): Nov 2024

#### Procedure

1. Please complete this application form. Please note that. There is a limited number of training places available on the Certification route and submission of this application does not guarantee a place.  
**Please be aware that priority will be given to applicants who currently have access to personality disordered clients, or clients with significant personality disorder features.**
2. After screening, you will be told whether your application has been successful or not.
3. Payment procedures will then be implemented.

Please enquire about the cost of the **ADVANCED** certification route. Please do not send any money until you receive your invoice. We will be very happy to organise payment by instalments if required. Please email [enquiries@schematherapywales.com](mailto:enquiries@schematherapywales.com) to arrange this. Will you be self-funding? (please circle or delete). **YES** **NO**



**If you are not self-funding** please provide invoicing details below. Please note that your organisation will not be contacted until your application for training is successful.

Full name of Trust/Organisation: \_\_\_\_\_

Purchase order Number (if applicable) \_\_\_\_\_

Name of person organising payment: \_\_\_\_\_

Name of person/department we should send the invoice to: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please give specific details of the following:**

1. Access to personality disordered clients, or clients with significant PD features. Access to clients who are appropriate for schema mode work due to complications, chronicity, failure to respond to treatment or relapse.

\_\_\_\_\_

2. The length of time you would be able to work with your personality disordered clients and other clients as part of the certification programme? It is essential that you are able to provide longer-term treatments to clients (minimum of 12 months)

\_\_\_\_\_

3. Any schema therapy training and/or supervision you have already received (if any)

\_\_\_\_\_

4. The Certification / Accreditation Programme process requires that your supervisor and external rater(s) have access to recorded sessions with your clients. Is this acceptable, and has it been agreed by your workplace/employer?  
This is an essential element of training.

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5. Academic Training: You must hold at least a Bachelors's Degree in a related area ie: psychology, counselling, psychiatric nursing/social work.
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6. Accreditation for clinical practice: you must be accredited with one of the following regulatory bodies, allowing you to provide one-to-one individual therapy:
- 1) BABCP (Full accreditation is required)
  - 2) BACP (at least individual counsellor/psychotherapist accreditation is required)
  - 3) Psychologists are not required to belong to the BABCP or BACP but must be eligible for chartered membership of the BPS and must belong to the HCPC.
- Applicants not holding accredited membership to one of the above bodies may still be eligible to join an ISST-approved training programme if they hold a **core qualification in mental health**. Please see the ISST website for further details. Please give all details including dates and membership numbers:
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7. ISST regulations stipulate that you must complete the certification/accreditation process within 3 years. (extensions can be applied for to the ISST in extenuating circumstances) after completing the workshop element of the programme. Can you commit to this.?
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8. Your current work as a mental health professional and how schema therapy might be useful. Please limit this to about 150 words.
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9. Anything else that you wish to include here.
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**Please return this form to either the mail address or email address below:**

Schema Therapy Wales; Suite 1 33-35 West Bute Street; Cardiff; CF105LH

[enquiries@schematherapywales.com](mailto:enquiries@schematherapywales.com)

Web: [www.schematherapywales.co.uk](http://www.schematherapywales.co.uk)

or call Mandy on 07846972824