

**General Information**

Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_

How did you learn about our Postgraduate Training Program? \_\_\_\_\_

**Education**

Degree \_\_\_\_\_ Year Completed \_\_\_\_\_ Institution \_\_\_\_\_

Degree \_\_\_\_\_ Year Completed \_\_\_\_\_ Institution \_\_\_\_\_

Degree \_\_\_\_\_ Year Completed \_\_\_\_\_ Institution \_\_\_\_\_

Are you licensed by the State of Illinois?  No  Yes Type of License \_\_\_\_\_ License number \_\_\_\_\_

Professional Therapy Training: List internships, certificate programs, supervision, intensive trainings, etc.

Year	Organization / School	Title of Training

**Clinical Experience**

Years of post-masters clinical experience: \_\_\_\_\_ Years of related experience (may be volunteer): \_\_\_\_\_

Please check significant clinical experience (i.e.: more than one or two clients):

Experience working with women/women's issues?	<input type="radio"/> No <input type="radio"/> Yes	Experience with individuals?	<input type="radio"/> No <input type="radio"/> Yes
Experience working with trauma?	<input type="radio"/> No <input type="radio"/> Yes	Experience with couples?	<input type="radio"/> No <input type="radio"/> Yes
Experience with adults?	<input type="radio"/> No <input type="radio"/> Yes	Experience with families?	<input type="radio"/> No <input type="radio"/> Yes
Experience with adolescents?	<input type="radio"/> No <input type="radio"/> Yes	Experience with groups?	<input type="radio"/> No <input type="radio"/> Yes
Experience with children?	<input type="radio"/> No <input type="radio"/> Yes	Experience with presentations?	<input type="radio"/> No <input type="radio"/> Yes

**References**

Please list three supervisors or colleagues who could speak to us about your clinical work

1. \_\_\_\_\_ ( )  
 Name Position Telephone

2. \_\_\_\_\_ ( )  
 Name Position Telephone

3. \_\_\_\_\_ ( )  
 Name Position Telephone



Questions

What interests you about the Postgraduate Fellowship Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some goals you would have for your learning experience with us (please be as specific as possible)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What concerns or questions do you have about participating in this intensive program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you hope to do after completing this training program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form along with a copy of your resume/CV and a cover letter indicating the reasons you would be a good fit for this program to:**

**Womencare Counseling Center  
Attn: Postgraduate Fellowship Program  
1740 Ridge Avenue, Suite 201  
Evanston, IL 60201**

I certify all the above information is accurate and true

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applications must be received in our office by 9:00 am on March 15.**