



*Attachment and Trauma Treatment
Centre for Healing (ATTCH)
Healing life's hurts through awareness,
compassion, & self-care*

APPLICATION FOR TRAUMA INTEGRATION CLINICIAN

Today's Date: _____

How did you learn about our services: _____

Name: _____

Student: _____

If yes, name of school and program: _____

Employer and position (if working): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Cell: _____ Work: _____

Have you ever had consultation before? Yes _____ No _____

If yes, Agency / Therapist Name(s): _____

If so, what did you find most valuable about this process? _____

Education (diplomas and degree/s obtained and dates):

Quality trauma and attachment assessment, treatment, & evidence-based training

Email: reception@attch.org

Website: www.attch.org

Phone: (905) 262-0303



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Please outline previous trauma and / or attachment training as applicable:

Where / With Whom the Training was Completed

Certification: Yes _____ No _____

Professional Accreditation/Registration:

Years in Practice:

Please provide information about your role:

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Type of Services Provided:

- | | |
|---|--|
| <input type="checkbox"/> Individual Counselling | <input type="checkbox"/> E-Counselling |
| <input type="checkbox"/> Group Counselling | <input type="checkbox"/> Couples Counselling |
| <input type="checkbox"/> Telephone Counselling | <input type="checkbox"/> Other |

Age(s) Served:

- ☐ Children (under 12)
- ☐ Youth (12-17)
- ☐ Adult (over 18)
- ☐ Other:

Area(s) of Specialization:

- ☐ Trauma Counselling
- ☐ Family Violence
- ☐ Sexual Abuse
- ☐ Bereavement
- ☐ Attachment
- ☐ Adult Mental Health
- ☐ Children/Youth Mental Health
- ☐ Other

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Please describe your current theoretical approach:

Please provide information about areas theory you wish to enhance:

Please provide information about what you are hoping to gain out of certification inclusive of why you are interested in becoming certified as a Trauma Integration Clinician:

Please specify goals / areas of concentration for certification:

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Preferred Training Format:

- ☐ Face-to-Face
- ☐ Online
- ☐ Skype

Please return completed forms to the attention of Lori Gill via fax at (905) 262-0707, email at lori@attch.org, or by mail to ATTCH PO Box 10, 239 Four Mile Creek Road, St. Davids, ON L0S 1P0.

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