

Full Name:	
Email:	UC Student Number (if applicable):

Relevant Background

Please state any other courses completed and relevant work experience
Please describe your current employment in a clinical health related field (at least 0.5 FTE), and how your role will accommodate CBT practice

Supervision

Proposed Supervisors Full Name:
Email:
Phone:
Qualifications/Registrations (please list name and institution):

Have you ever suffered any major physical, psychiatric or psychological disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>(if YES, please give the details on a separate sheet marked 'CONFIDENTIAL')</i>		

I understand that the selection panel reserves the right to communicate with previous staff/supervisors from the School of Psychology, Speech and Hearing or Psychology Departments in other universities who know me and are not listed as referees.

I understand that the programme may carry out searches of publicly available information, including information on the internet, about me to help determine my suitability for acceptance into the training programme.

By submitting this application, I consent to Police Vetting. Please complete the relevant form under Request and Consent forms: <https://www.police.govt.nz/advice-services/businesses-and-organisations/vetting/forms-and-guides> and email the completed form(s) to cbtprogramme@canterbury.ac.nz.

I certify that to the best of my knowledge and belief that the information I have provided in this application is correct.

Signature

Date