

## Application Form – Professional SE® Saskatoon Training 2024-2025

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Postal Code/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

1. Professional Title/Occupation: \_\_\_\_\_

2. License #: \_\_\_\_\_

3. How long have you been in practice: \_\_\_\_\_

4. How many patients/clients do you see on a weekly basis? \_\_\_\_\_

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5. If you do not have a professional practice, are you a student in a:

☐ Psychology-oriented Master's Program

☐ Bodywork-oriented Program

☐ Other professional training: Please name: \_\_\_\_\_

6. Briefly state your reason for applying to take the SE Professional Training:

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7. I understand that the SE training may trigger past traumas:

Yes ☐

No ☐

8. If applicable, please provide additional relevant professional training, education and/or professional experiences (not already included in the CV/Resume attached to the application form or previous answers) that may have prepared you for the SE Professional Training:

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9. Do you have any grievances, complaints or actions pending or upheld against you for misconduct as a professional by any licensing, regulating or associate body?

☐ Yes

☐ No      Please go to question 12

10. If Yes, please provide details and relevant information you are legally permitted to disclose here.

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11. How did you hear about the SE Trauma Professional Training Program?

☐ Referred by a current student or practitioner

☐ Attended an approved Introductory Workshop

☐ Attended a conference

☐ Flyer

☐ Web Search

☐ Read about in a publication

☐ Other:

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All information submitted will be held in strict confidence. Once we have received your complete application form and CV/Resume, you will be notified by email of your application status. The Somatic Experiencing® International, in conjunction with Coordinators Jeannette Kuc and Susan Risula, reserves the right to approve or deny any application and/or accept or reject the participation of any person in its sole discretion and in accordance with its policies and the law.

#### **Registration and Payment Process:**

Once approved, an email will be sent to the student with the registration form. A deposit of \$325.00 must accompany the registration form to secure a seat. The balance of the registration fee needs to be submitted 30 days before the first day of the module.

Registration fee: \$935.00 + \$46.75 GST = \$981.75

Early bird fee: \$885.00 + \$44.25 GST = \$929.25 (when received 60 days before the start of the training).

PayPal [info@setrainingsaskatoo.com](mailto:info@setrainingsaskatoo.com) Note there is a 4% PayPal processing fee.

We reserve the right to cancel and/or reschedule any Beginning I class due to low enrollment before the start of the class. Should the class be cancelled, you will be notified as soon as possible. For class cancellations, a full tuition refund will be issued.

Please note: Neither Somatic Experiencing ® International nor SE Saskatoon and organizers are liable for expenses incurred due to class cancellation, including but not limited to airline cancellation fees or hotel cancellation fees.

13. I have read and agree to the statements above.

☐ I agree