

Application Form – Professional SE® Saskatoon Training 2022-2023

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 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes

No

8. If applicable, please provide an example of any 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 packet 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: Once an application is accepted, a student must register and pay for the Beginning I module in order to guarantee a spot in the training. The registration form and instructions will accompany your acceptance email.

#### Training

Registration fee: \$875.00 + 43.75 GST

Early bird fee: \$825.00 + 41.25 GST (when received 60 days before the start of the training)

We reserve the right to cancel and/or reschedule any Beginning I class due to low enrollment prior to the start of the class. Should your 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