



**Internal  
Family  
Systems<sup>SM</sup>**

**APPLICATION FORM  
Seattle, WA (166)  
IFS Training Program**

**Module 1 (166.1) Begins: November 6, 2009  
Module 2 (166.2) Begins: June 25, 2010**

**THE CENTER FOR SELF LEADERSHIP**  
PO Box 3969, Oak Park, Illinois 60303  
[www.selfleadership.org](http://www.selfleadership.org)

**Email:** [training@selfleadership.org](mailto:training@selfleadership.org)  
**Telephone:** 708.383.2659 or 2519  
**Fax:** 708.383.2399

**PLEASE CHECK ONE**

- I am applying for both Module 1 (166.1) and Module 2 (166.2).  
 I am applying for only Module 1 (166.1).  
 I am applying for only Module 2 (166.2).

**CONTACT AND BILLING INFORMATION**

**Please PRINT CLEARLY (especially if you fax it) and provide BOTH your Contact and Billing Information to ensure processing.**

**CONTACT INFORMATION:**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

**BILLING INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type (VISA/MC): \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**(Please provide ALL credit card information, even you think we have it.)**

**TO APPLY**

**Application Deadlines**

- Until August 1, 2009, only applications from those applying to both Module 1 and 2 will be processed.
- Applications from those applying to either Module 1 or Module 2 will only be processed after August 1, 2009, though you may submit your application at any time.
- Applications from those applying to both Module 1 and Module 2 will continue to be processed after August 1, 2009.
- **Spaces in this training are limited – we recommend that you apply early!**

**Submitting Your Application: Fax, mail or email all pages of your completed application to CSL (see contact information above).**

**REFERENCES:** Please provide three professional references. All contact information is required.

<b>REFERENCE 1:</b> Name:		City:		Credentials		State:		Zip:	
Address:									
Phone: (H)		(W)		Email:					
<b>REFERENCE 2:</b> Name:		City:		Credentials		State:		Zip:	
Address:									
Phone: (H)		(W)		Email:					
<b>REFERENCE 3:</b> Name:		City:		Credentials		State:		Zip:	
Address:									
Phone: (H)		(W)		Email:					

**PLEASE TELL US THE FOLLOWING** (use a separate page):

1. About your past experiences (other than IFS trainings) and interest in the IFS model, as well as your professional intentions/goals for the model. If you are not a licensed therapist, please attach your current resume or C.V.
2. The Location, Lead Trainers, and Graduation Date(s) for any previous IFS training(s) you have done. **Note that you may not participate in Module 2 unless you enroll in Module 1 or complete a traditional Level 1 IFS training before Module 2 begins.**
3. How you heard about this training.
4. How you heard about Internal Family Systems.

**DUAL RELATIONSHIP POLICY**

The Center for Self Leadership is committed to creating a safe container for all trainings and seeks to do everything possible to maintain the safety and ethics of our highly experiential Internal Family Systems<sup>SM</sup> Training Programs. To that end, we are sensitive to the potential difficulties of any type of dual relationship between trainer and participant or participant and participant. Therefore, we recommend you review the roster for your program (if not enclosed at this time, please wait until you receive it via email) and determine if you are in a dual relationship with anyone. If you are in a dual relationship, particularly supervisory or therapeutic, The Center for Self Leadership advises you to speak with that person before beginning the training. In order to respect the confidentiality of your dual relationship, please address the situation directly. Different states have different policies for counselors and therapists regarding dual relationships. Therefore, applicants and IFS Trainers are expected to take responsibility for checking with their particular state's governing policies and adhering to the professional standards for dual relationships as outlined by that state. Applicants to CSL trainings and IFS Trainers are also expected to adhere to the governing policies of their professional discipline regarding dual relationships.

## COSTS

- **Application Fee:** Upon receipt of your application, your credit card will be charged a **non-refundable** Application Fee as follows: \$30 when you apply for both Module 1 and Module 2 at the same time; \$30 when you apply for Module 1 only; \$30 when you apply for Module 2 only; and, if you apply for Module 1 and Module 2 at different times, the \$30 non-refundable Application Fee will be charged for each Module (\$60 total).
- **Tuition**
  - If you apply for and enroll in only Module 1, your Program Tuition is \$1800.
  - If you apply for and enroll in only Module 2, your Program Tuition is \$2400.
  - If you apply for both Module 1 and Module 2 at the same time and enroll in both Modules, your total Program Tuition is \$3900.
  - If you apply for both Module 1 and Module 2 at the same time but decide later to enroll in only one Module, your Module 1 Program Tuition is \$1800 and your Module 2 Program Tuition is \$2400. These tuition rates may be retroactively applied.
  - If you apply for Module 1 and Module 2 at different times and enroll in both Modules (space permitting), your Module 1 Program Tuition is \$1800 and your Module 2 Program Tuition is \$2400 (\$4200 total).
- **Deposit:** The Deposit is charged upon acceptance into the training as follows:
  - If you apply for and are accepted into only Module 1 : \$350 Deposit
  - If you apply for and are accepted into only Module 2: \$350 Deposit
  - If you apply for and are accepted into both Module 1 and Module 2: \$700 Deposit (\$350/Module)
  - If all spaces are filled, you will be placed on a waiting list and your card will not be charged the deposit unless space becomes available for you in the training.

## PAYMENT PLANS

Please choose one of the Payment Plans from those listed below (required).

**For Those Enrolled in Module 1 Only:** All payment plans start **November 1, 2009.**

- \_\_\_ **Payment Plan 1:** \$1450 (\$1800 full tuition - \$350 deposit)
- \_\_\_ **Payment Plan 2:** Two payments of \$750, 2 months between payments (\$1800 full tuition – \$350 deposit + \$50 carrying fee)
- \_\_\_ **Payment Plan 3:** Monthly payments of \$387.50, total of 4 monthly payments (\$1800 full tuition – \$350 deposit + \$100 carrying fee)

**For Those Enrolled in Module 2 Only:** All payment plans start **June 1, 2010.**

- \_\_\_ **Payment Plan 4:** \$2050 (\$2400 full tuition - \$350.00 deposit)
- \_\_\_ **Payment Plan 5:** Two payments of \$1050, 2 months between payments (\$2400 full tuition – \$350 deposit + \$50 carrying fee)
- \_\_\_ **Payment Plan 6:** Monthly payments of \$537.50, total of 4 monthly payments (\$2400 full tuition – \$350 deposit + \$100 carrying fee)

**For Those Enrolled in Both Module 1 and Module 2:** All payment plans start **November 1, 2009.**

- \_\_\_ **Payment Plan 7:** \$3,200 (\$3900 full tuition - \$700 deposit)
- \_\_\_ **Payment Plan 8:** Two payments of \$1,625, 6 months between payments (\$3900 full tuition – \$700.00 deposit + \$50 carrying fee)
- \_\_\_ **Payment Plan 9:** Monthly payments of \$412.50, total of 8 monthly payments (\$3900 full tuition – \$700 deposit + \$100 carrying fee)

**WITHDRAWALS/REFUNDS:** Please see the CSL Website Brochure for this training for information about withdrawals and refunds.

**SIGNATURE REQUIRED**

**By signing or typing your name below you:**

1. Authorize The Center for Self Leadership to automatically charge your credit card according to the specific dates and dollar amounts listed on your payment plan. **Please keep a copy of this form for your records, and note that tracking payments is your responsibility;** receipt of payments will not be sent.
2. Acknowledge that you have read and understand the withdrawal/refund policy and other contents of the Website Brochure for this training (at [www.selfleadership.org](http://www.selfleadership.org)).
3. Acknowledge that you have read and understand the risks of entering into Internal Family Systems with a Dual Relationship (see above) and take full responsibility for any issues that may arise in regard to Dual Relationships and that any Dual Relationship issue does not exempt you from fulfilling your payment agreement as specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before submitting this application to The Center for Self Leadership, please:**

1. Make sure all fields are completed and that you have signed the form (incomplete applications will not be processed).
2. Make a copy for your records.

Please contact The Center for Self Leadership if you have any questions or concerns. CSL's highest priority is to create and maintain safe and ethical learning environments.