



**IFS TRAINING APPLICATION**  
**Washington DC Level 1 Training (502)**  
**Training Begins: May 17, 2019**

**THE CENTER FOR SELF LEADERSHIP**

PO Box 3969, Oak Park, Illinois 60303  
 www.selfleadership.org  
 Email [training@selfleadership.org](mailto:training@selfleadership.org)  
 Phone 708.383.2519 or 2659  
 Fax 708.383.2399

To apply, fax (708.383.2399), email (to [training@selfleadership.org](mailto:training@selfleadership.org)), or mail this form with credit card information, and call 708.383.2519 if you'd like to verify that we received it. **Note: We cannot accept photos of your application.** When we receive your application, your credit card will be charged the non-refundable, non-transferable \$45 application fee. When you are accepted, your card will be charged the \$500 deposit to secure your place in the training. If all spaces are filled, you will be put on a waiting list and your card will not be charged the deposit at that time. For details about the training, please see its brochure on our website.

**Spaces are limited, so apply early!**

**1. Please PRINT CLEARLY (especially if you fax it) and provide all information requested to ensure processing.**

Name:	Credentials:	
Street Address:		
City:	State:	Zip:
Phone: (H)	(W)	(C)
<b>Email (please print!):</b>		
<i>Email is the main way we reach you. Please <u>print clearly</u> and check email often (including your SPAM folder).</i>		

Your contact information will appear on the Program Roster that is shared with those involved with the training to facilitate necessary communications. Please indicate if any of your contact information should not appear on the Roster. **Note that at least an email address and daytime phone are required.**

**2. In the spaces below, please provide three professional references (make sure they know you're listing them). A daytime phone and email are required for each reference.**

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

3. How did you hear about Internal Family Systems?

4. How did you hear about this training?

5. What was the deciding factor that made you enroll in this training?

6. **On a separate page please describe your past experience with 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.**

Withdrawals/Refunds: Participants who wish to withdraw from the training program must do so in writing. Participants are responsible for paying for sessions attended or missed prior to withdrawal. Deposit: The \$500 deposit is refundable if written notice of withdrawal is received by the CSL office 45 or more days before the 1<sup>st</sup> day of the program. The deposit is transferable to another CSL-organized Level 1, 2, or 3 training program if written notice of withdrawal is received by the CSL office 44-15 days before the 1<sup>st</sup> day of the program. A transferred deposit must be used within 18 months of withdrawal or else it is forfeited; a transferred deposit may only be used by the person who is withdrawing. The deposit is forfeited if written notice of withdrawal is received by the CSL office 14 or fewer days before the 1<sup>st</sup> day of the program, or if withdrawal occurs after the program begins. Tuition Balance: The tuition balance (total tuition less deposit) is refundable if written notice of withdrawal is received by the CSL office 8 or more days before the 1<sup>st</sup> day of the program. One-sixth (1/6) of the tuition balance is forfeited if written notice of withdrawal is received by the CSL office 7 or fewer days before the 1<sup>st</sup> day of Session 1, and 8 or more days before the 1<sup>st</sup> day of Session 2. The full tuition balance is forfeited if written notice of withdrawal is received by the CSL office 7 or fewer days before the 1<sup>st</sup> day of Session 2. The application fee and payment plan carrying fee are non-refundable.

Admissions: The Center for Self Leadership (CSL) reserves the right to deny acceptance to any training program applicant and to withdraw a training participant from all or part of a training program at any time if CSL determines a participant's behavior could damage the quality of a training program. CSL, in its sole discretion, may terminate a participant's participation at any time and, in such event, will refund tuition paid to CSL for portions of the training the participant will not attend as a result of his/her termination.

Schedule: CSL reserves the right to postpone, cancel or otherwise change any training program schedule prior to its beginning. At no time is CSL responsible for training students' travel, lodging, or incidental expenses. CSL reserves the right to substitute training staff whenever necessary without obligation to students enrolled in the training.

Photography/recording: Participants may not make audio or visual recordings of any part of any IFS training session. If occasional informal photographs or other recordings are made at gatherings related to this training (excluding in-session periods), participants agree that these photographs or other recordings may be used by CSL for purposes related to its mission.

Dual/Multiple Relationships: The Center for Self Leadership, Inc. (CSL) is committed to maintaining the safety of its highly experiential Internal Family Systems<sup>SM</sup> (IFS<sup>SM</sup>) training programs. To that end, CSL is sensitive to the potential difficulties of any type of dual/multiple relationship between trainer and participant, or participant and participant. Therefore, CSL recommends that you review the names of this training's trainers on CSL's website, and review the roster for this training that CSL will email to you prior to the start of your program if you are accepted. **If you are in a potentially problematic dual/multiple relationship with this training's Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, and/or Assistant Trainer Mentee, please do not apply to this training.** If this training's Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, and/or Assistant Trainer Mentee believe that they have a potentially problematic dual/multiple relationship with a training applicant, the training applicant will not be admitted and cannot enroll in this particular training. If you are in a dual/multiple relationship with a Program Assistant or other participant in this training, particularly (but not only) supervisory or therapeutic, you need to speak with that person(s) before the training begins and thoroughly work out how the dual/multiple relationship will be managed through the end of the training. In order to respect the confidentiality of your dual/multiple relationship, please address the situation directly. It is the responsibility of the people in a dual/multiple relationship involving privileged communication to adhere to their professional standards regarding confidentiality, and thus CSL cannot be held liable for the existence of dual/multiple relationships involving privileged communication in its training programs, or for resolving them. It is the responsibility of the therapist in a therapist-client dual/multiple relationship, and of the supervisor in a supervisor-supervisee dual/multiple relationship to address the situation. Different states, provinces, and other governmental jurisdictions may have different policies regarding dual/multiple relationships for counselors, therapists, and other professionals for whom dual/multiple relationships may exist. Therefore, training participants are expected to take responsibility for checking with their particular and applicable governing policies, and for adhering to the professional standards for dual/multiple relationships outlined therein. Participants in CSL trainings are also expected to adhere to the governing policies of their professional disciplines regarding dual/multiple relationships.

**Signature Required:** By signing or typing your name below you (1) acknowledge that you have read and understand the policies about withdrawals/refunds, admissions, schedule, and photography/recording, and the contents of the website brochure for this training ([www.selfleadership.org](http://www.selfleadership.org)); and (2) acknowledge that you have read and understand the risks of entering into Internal Family Systems<sup>SM</sup> training with a dual/multiple relationship (above), take full responsibility for any issues that may arise in regard to dual/multiple relationships, and that any dual/multiple relationship issue does not exempt you from fulfilling your payment agreement as specified above.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**7. Select a Payment Plan Below:** Payment plans are available for the tuition remaining after the deposit is paid (which is when you're accepted). **If you do not select a payment plan, your card will be charged the full tuition (less the deposit already paid) on May 1, 2019.** Room and board are not included in tuition. **There is a \$20 fee for each late payment.**

- Payment Plan 1:** \$3300 (\$3800 full tuition - \$500 deposit) due May 1, 2019
- Payment Plan 2:** 4 monthly payments of \$837.50, beginning on April 1, 2019 (\$3800 full tuition – \$500 deposit + \$50 carrying fee)

**BILLING INFORMATION**

**There is a \$20 fee for each late payment. Everyone needs to complete this section in full. Thank you!**

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

Name on Credit Card (if different from Applicant Name): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

Credit Card Number (Visa, MasterCard, Discover Only – **NO American Express**)      Credit Card Expiration Date (required):

**Please make sure you provide ALL credit card information above (we don't save it), even if you've given it before or if you're applying for a scholarship.**

Please use this box for additional billing information, as needed.

**Signature Required:** By signing or typing your name below you authorize The Center for Self Leadership to automatically charge your credit card according to the dates and amounts listed on your payment plan. Please make sure that you keep a copy of this form for your records – most people need it at some point, and tracking payments is your responsibility.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Daytime phone number** \_\_\_\_\_ **Email address (please print!)** \_\_\_\_\_

- Before sending your application to The Center for Self Leadership, please:**
- (1) make sure it's complete and signed in both places – incomplete or unsigned forms can't be processed.**
  - (2) make a copy for your tax and other records – most people need it at some point.**