FORM A: Program Assistant Application for 6-Session Level 1 Trainings

1. Please don’t apply to be a Program Assistant (PA) in this training if you have a dual/multiple relationship with the training’s Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, Lead Trainer Mentee, and/or Assistant Trainer Mentee.

2. To apply to be a Program Assistant (PA) in this training, you must:
   A. Already have earned the Certificate of Completion from a Level 1 IFS training program;
   B. Not apply to be a participant in this training;
   C. Complete this form and submit it to CSL (use contact information above), even if you’ve been a PA before or have spoken with a trainer about being a PA for this training. You may contact CSL to confirm that we received your PA application (CSLLauren@aol.com).

3. PAs are selected by each program’s trainers. PA applicants are notified by trainers about being chosen or not. Trainers may select some PAs before the application deadline, and/or shortly before the training begins. You may not hear from trainers about being selected until about two weeks before the training begins. Please contact the trainers if you have questions. Contact information is in the website’s “Trainer Directory” and/or “Find an IFS Therapist” listings.

4. A separate PA application is required for each training you apply for. PA applications from other trainings, or forms you create on your own, will not be accepted.

5. PA spaces are limited, and we recommend that you apply early.

6. For all the details about the training, including dates, daily schedules, location, lodging options, and more, please review the training’s website brochure.

7. If you accept a PA position in another IFS training after submitting this application, you are required to inform the Lead and Assistant Trainers of this training. Contact information is in the website’s “Trainer Directory” and/or “Find an IFS Therapist” directory.

8. PA Stipends
   A. Only experienced PAs receive stipends. An experienced PA is someone who has served as a Level 1 or Level 2 PA for an entire training that has already ended by the starting date of the new training.
   B. Daily stipends are paid for each full day an experienced PA is present. Stipends are not paid for training days with 2 or fewer training hours, days that are partially attended, or days a PA is absent.
   C. All experienced PAs must be legally permitted to work in the U.S. at the time they apply to be a PA and for the duration of the entire training program.
   D. All experienced PAs are paid the same daily stipend amount in a particular training.
   E. The daily stipend amount is $55/day/experienced PA.

9. Program Assistants may not make audio or visual recordings, or take photographs of any part of any IFS training session.

10. If a Program Assistant receives a complaint from a participant about a training, the Program Assistant is required to handle it according to CSL’s Grievance Policy as posted at www.selfleadership.org.
FORM A: Program Assistant Application for 6-Session Level 1 Training

Training City________________________________________

Training 3-digit number (available on the training’s website page)_____________________________________

1. Your contact information (print neatly so we can read it!)

First Name__________________________________________

Last Name___________________________________________

Credentials__________________________________________

Street Address_______________________________________

City, State, Zip Code_____________________________________

Phone (H)______________________________________________

Phone (W)______________________________________________

Phone (C)______________________________________________

Email__________________________________________________

2. Please list any other names you have used in the past:

________________________________________________________________________

________________________________________________________________________

If necessary, use a separate sheet to answer the remaining questions, and then attach it to your application. Please write clearly and use black ink so we can read it.

3. If accepted, will this be your 1st, 2nd, 3rd time, or more, as an IFS training PA?

1st time____ 2nd time____ 3rd time____ More____

4. Tell us about each completed IFS Level 1 and Level 2 training in which you have been a PA.

City______________________________________________ Year____ Program Number____

Lead Trainer Name(s)______________________________________________________________

Assistant Trainer Name____________________________________________________________

City______________________________________________ Year____ Program Number____

Lead Trainer Name(s)______________________________________________________________

Assistant Trainer Name____________________________________________________________
5. **Experienced PAs:** An experienced PA is someone who has served as a Level 1 or Level 2 PA for an entire training that has already ended by the starting date of the new training. All experienced PAs must be legally allowed to work in the U.S. at the time they apply to be a PA, and for the duration of the entire training program.

   ______ Check here if you are an experienced PA, and if you are legally allowed to work in the U.S. now and for the duration of the entire training program.

6. **Tell us about all Level 1, 2, and 3 training(s) from which you have already earned a certificate of completion.** To apply to be a PA, you must already have graduated from a Level 1 training.

   City__________________________________________ Graduation Date_______________
   Lead Trainer Name(s)_______________________________
   Assistant Trainer Name_______________________________

   City__________________________________________ Graduation Date_______________
   Lead Trainer Name(s)_______________________________
   Assistant Trainer Name_______________________________

   City__________________________________________ Graduation Date_______________
   Lead Trainer Name(s)_______________________________
   Assistant Trainer Name_______________________________

   City__________________________________________ Graduation Date_______________
   Lead Trainer Name(s)_______________________________
   Assistant Trainer Name_______________________________

7. **Are you currently a PA in an IFS training?** Yes_____ No____

   If “yes”, please tell us its:
   City__________________________________________ Training Number______________
   Starting Date_________________________ Ending Date________________________

8. **Have you been accepted, and agreed to be a PA for a future IFS training?** Yes_____ No____

   If “yes”, please tell us its:
   City__________________________________________ Training Number______________
   Starting Date_________________________ Ending Date________________________
9. List all previous IFS events you have attended, such as workshops, consultations groups, conferences, etc., along with names of facilitators, workshop leaders, or trainers for each one.

__________________________________________________________________________

10. Comment on the following experiences you have had: IFS trainings, workshops, retreats; clinical trainings and experiences; teaching, training, clinical supervisory, and group leadership.

__________________________________________________________________________

11. Detail your reasons for wanting to be a PA and your qualifications for and/or constraints in doing so. Please refer to the Program Assistant requirements, responsibilities, and competencies listed at www.selfleadership.org.

__________________________________________________________________________

12. Can you attend all days of this training? Yes_____ No_____

If “no”, please list all the days that you cannot attend.

__________________________________________________________________________

13. What is your native language? ________________________________

14. List any other languages in which you are fluent. ________________________________

15. Do you have any special needs? If so, please explain.

__________________________________________________________________________

16. Sign the Dual/Multiple Relationship Policy below and return it with your PA application. Your PA application cannot be considered unless you return a signed Dual/Multiple Relationship Policy.

Before you submit your application, please:

- Review it to make sure it’s complete. Incomplete forms cannot be processed.
- Sign the Dual/Multiple Relationship Policy below.
- Copy or save your application for your records – most people eventually need it.

Thank you for your interest in The Center for Self Leadership’s training program, and for bringing more Self leadership into the world.

9.22.17
Definitions:

**Trainer** – For the purposes of this policy, any Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, Assistant Trainer Mentee, Program Assistant, and other person(s) teaching at an IFS Level 1, 2, or 3 training program organized by The Center for Self Leadership (CSL).

**Participant** – For the purposes of this policy, anyone who is a student in an IFS Level 1, 2, or 3 training program organized by CSL.

**Roster** – The document generated by CSL for each training that may list training applicants, accepted training participants, trainers, and their personal information. Rosters are routinely updated with additional applicants, participants, and trainers.

1. 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, trainers 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. Trainers are also expected to adhere to the governing policies of their professional disciplines regarding dual/multiple relationships.

2. It is CSL’s policy that a trainer may not enter into a therapeutic or supervisory relationship with a training participant or other trainer in their training until the training is completed. Trainers are expected to adhere to the professional standards as in paragraph 1 above if those standards are more stringent or comprehensive than CSL’s.

3. CSL is committed to maintaining the safety of its highly experiential IFS training programs. To that end, CSL is sensitive to the potential difficulties of any type of dual/multiple relationship between trainer and trainer, or trainer and participant. Therefore, CSL requires Lead Trainers, Co-Lead Trainers, Assistant Trainers, Guest Trainers, and Assistant Trainer Mentees, to review all applicants for their trainings to determine if they are in dual/multiple relationships with any of them.

   If you, as a Lead Trainer, Co-Lead Trainer, Assistant Trainer, Guest Trainer, or Assistant Trainer Mentee, believe you are in a dual/multiple relationship with anyone that involves privileged communication, particularly (but not only) supervisory or therapeutic, you must contact the other person(s) and resolve the situation in accordance with this policy before the training begins, and thoroughly work out how the dual/multiple relationship will be managed through the end of the training. CSL acknowledges that dual/multiple relationships that involve privileged communication are confidential and, therefore, CSL cannot be responsible for resolving them or for their existence in its training programs.

4. If you, as a Lead Trainer, Co-Lead Trainer, Assistant Trainer, Guest Trainer, or Assistant Trainer Mentee, believe you are in a dual/multiple relationship with anyone that does not involve privileged communication, you may either contact the other person(s) and resolve the situation in accordance with this policy before the training begins, or contact your Lead Trainer before the training begins.

   If a participant or trainer is going to be asked to withdraw from a training in order to resolve a dual/multiple relationship that does not involve privileged communication, and that person is dissatisfied with being asked to withdraw, then at that time the Lead Trainer will send an email to CSL’s Executive Director, and simultaneously send a copy of that email to CSL’s Director of Staffing and Training Program Coordinator for their information. The final decision about how to
handle a dual/multiple relationship that does not involve privileged communication rests with CSL’s Executive Director.

5. If any trainer wants to disclose their dual/multiple relationship to other trainers in their training, then the trainer with a dual/multiple relationship must have a signed agreement with the person with whom they have a dual/multiple relationship granting permission for such disclosure. If any trainer wants to disclose their dual/multiple relationship to participants in their training, then the trainer with the dual/multiple relationship must have a signed agreement with the participant with whom they have a dual/multiple relationship granting permission for such disclosure. These written agreements must be provided, secured, and held by the trainer, and are not the responsibility of CSL. These written agreements must be completed before the training begins.

6. If you are a Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, or Assistant Trainer Mentee, you must access your trainings’ rosters on CSL’s file sharing system when you need to know more about who is involved with your trainings.

7. Dual/Multiple Relationships Involving Program Assistants, and Assistant Trainers’ Responsibility for Sharing Rosters with Program Assistant Applicants
   a. Anyone who has a potentially problematic dual/multiple relationship with a training’s Lead Trainer, Co-Lead Trainer, Guest Trainer, Assistant Trainer, and/or Assistant Trainer Mentee is discouraged from applying to be a Program Assistant in that training.
   b. Assistant Trainers must share their trainings’ current rosters with Program Assistant applicants before Program Assistants are chosen so they can screen for dual/multiple relationships.
   c. Assistant Trainers must share their trainings’ current rosters with Program Assistants who have been chosen so they can screen for dual/multiple relationships, and this must be done every 2-3 weeks thereafter, during the time before the training begins.
   d. If a Program Assistant has a dual/multiple relationship with a participant that involves privileged communication, and the dual/multiple relationship is potentially problematic such that it cannot be ethically managed within the training (as determined by those in the dual/multiple relationship and in accordance with CSL’s dual/multiple relationship policy), then the Program Assistant is required to withdraw from the training.
   e. If a Program Assistant has a dual/multiple relationship with a participant that does not involve privileged communication, then the Program Assistant may either contact the other person(s) and resolve the situation in accordance with this policy before the beginning of the training, and thoroughly work out how the dual/multiple relationship will be managed through the end of the training, or contact the Lead Trainer. If a participant or Program Assistant is going to be asked to withdraw from a training in order to resolve a dual/multiple relationship that does not involve privileged communication, and that person is dissatisfied with being asked to withdraw, then at that time the Lead Trainer will send an email to CSL’s Executive Director, and simultaneously send a copy of that email to CSL’s Director of Staffing and Training Program Coordinator for their information. The final decision about how to handle a dual/multiple relationship that does not involve privileged communication rests with CSL’s Executive Director.

By signing below, I agree to abide by the terms of this dual/multiple relationship policy for all CSL-organized IFS training programs in which I am a trainer, now and in the future.

________________________________________  ______________________________________
Signature                                         Printed Name

________________________________________
Date

7.25.17