

GLOBAL TRAUMA RECOVERY INSTITUTE

Trainee Application

Date:

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
SS# (Required) _____ - _____ - _____	Religious Affiliation (optional)		
Ethnic Origin (optional) ___American Indian or Alaska Native ___Asian ___Black/African American ___Hispanic /Latino ___ White ___Native Hawaiian or Other Pacific Islander ___Nonresident Alien ___Race & Ethnicity Unknown ___Two or more races			
Please submit \$30 application fee payable to <i>Missio Seminary</i> along with this application. You may also pay online.			

EDUCATION		
College		
From	To	Degree
Grad		
From	To	Degree
Other		
From	To	

COUNSELING EMPLOYMENT HISTORY (SUBMIT COMPLETE RESUME OR VITA WITH YOUR APPLICATION)		
Organization	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Organization	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Organization	Supervisor	
Responsibilities		
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May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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REFERENCES

Please list two professional references and one pastoral or personal reference

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

ATTACHMENTS TO BE SENT WITH THIS APPLICATION

1. Complete Resume/Vita describing relevant employment, training, education (including continuing education), licenses held, religious and/or professional affiliations
 2. Brief spiritual biography
 3. Description of clinical theoretical orientation
 4. List of trainings and nature of clinical experience with trauma; Explanation of reason for applying to GTRI
 5. Official Transcripts from Undergraduate & Graduate Degrees
 6. Criminal Background Check and Child Abuse Clearance (PA residents only) <http://www.biblical.edu/files/forms/background-check-guidelines.pdf>
 7. Registration form
 8. Consent Form
- Individual or Group Consultation applicants only:
9. Copy of licenses and current liability insurance certificate
 10. Consultation Group Consent Form

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release. My signature below acknowledges that I have received and consent to the trainee informed consent.

I wish to be considered for the following: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Online courses only | <input type="checkbox"/> Individual Consultation |
| <input type="checkbox"/> Online and on campus courses | <input type="checkbox"/> Group Consultation |
| <input type="checkbox"/> Immersion experiences | |

Signature

Date

Please submit all forms via email to admissions@biblical.edu