



INTERNATIONAL SUMMER SCHOOL
WORKING with GENDER and SEXUAL DIVERSITY CLIENTS

This form becomes editable if opened in Adobe Acrobat which can be downloaded from: <http://get.adobe.com/reader>. If using Apple Preview the fields are not available. An iPad compatible version is available from the App Store

Name

Date of Birth

Address

Phone

Home

Work

Mobile

Email

Current job and area of work

Therapy Qualifications held:

Title of Award 1

Awarded by

Year

Title of Award 2

Awarded by

Year

Title of Award 3

Awarded by

Year

Professional membership or accreditation

Theoretical Model / Orientation

How do you identify your own gender and sexuality?

Clinical experience of working with Gender and Sexual Diversities (GSD)

Please say something about why you are wanting to undertake this course and how this fits with your professional development as a therapist.

Why now?

What are you hoping to gain?

What might get in your way?

What support might you need?

What are your particular areas of interest in working with GSD's and Relationships?

Any comments / questions

Your name (in block letters)

Your Signature

Date