



Brainspotting Training Hub

Australia, New Zealand, Singapore, Greece and the Australian Pacific Region

BRAINSPOTTING CONSULTANT-IN-TRAINING APPLICATION

NAME:

ADDRESS:

PHONE:

EMAIL:

PROFESSION/DISCIPLINE:

CURRENT EMPLOYMENT:

BRAINSPOTTING CERTIFICATION INFORMATION (attach certificates)

**DATE OF INITIAL
CERTIFICATION:**

CONSULTANT:

DATE OF MOST RECENT RECERTIFICATION:

CONSULTANT:

DO YOU RECEIVE REGULAR, ONGOING BRAINSPOTTING CONSULTATION/SUPERVISION? YES _____ NO _____

HAVE YOU PERSONALLY RECEIVED BRAINSPOTTING? (not including training practicums): YES _____ NO _____ If so, how many sessions? _____

FOUNDATIONAL BRAINSPOTTING TRAINING HISTORY

Please list all foundational trainings attended, and attach copies of your certificates from Brainspotting Trainings, LLC. Use chart below, if necessary, for "repeats" of the Foundational trainings. Note: it is *not* expected that all applicants will have attended all trainings multiple times. Minimum entry is one Phase 1 training, one Phase 2 training, and any two of: Phase 3 (in-person preferred; DVD Phase 3 is minimum standard), Phase 4, Master Class, or Intensive.

TRAINING	DATE	PLACE	TRAINER
Phase 1			
Phase 2			
Phase 3			David Grand
Phase 4			David Grand
Master Class			David Grand
Intensive			

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OTHER/ADDITIONAL BRAINSPOTTING TRAININGS:

Please list conferences, specialty trainings, webinars, other online programs/ resources, and/or additional foundational trainings not reported on above. Attach another page, if necessary.

TRAINING	DATE	PLACE / ONLINE	TRAINER

PLEASE RESPOND IN WRITING TO THE FOLLOWING QUESTIONS, AND ATTACH YOUR RESPONSES TO YOUR APPLICATION:

1. What excites you about Brainspotting?

2. What challenges you about Brainspotting?

3. How has your own consultation supported your growth as a Brainspotting practitioner?

4. Have you organized and/or assisted at any Brainspotting trainings?

Yes _____ No _____ If yes, please describe:

5. Have you organized or participated in any Brainspotting peer support/consultation groups? Yes _____ No _____ If yes, please describe:

6. Have you presented any introductory workshops or information sessions about Brainspotting? Yes _____ No _____ If yes, please describe:

7. Please describe any other ways that you are involved with the Brainspotting community, locally, nationally, and internationally?

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8. Do you have any teaching or supervisory training and experience?

Yes _____ No _____ If yes, please describe:

9. Why do you want to become a Brainspotting Consultant-in-Training? Why now?

10. Please attach a current CV to your application, with your responses to questions 1-9 and send to: