



**IFS TRAINING APPLICATION  
St. Louis Level 1 Training (186)**

**Training Begins: December 11, 2009**

**THE CENTER FOR SELF LEADERSHIP**

PO Box 3969, Oak Park, Illinois 60303  
www.selfleadership.org

**Email** training@selfleadership.org  
**Telephone** 708.383.2519 or 2659  
**Fax** 708.383.2399

To apply, **fax, mail or email** ([training@selfleadership.org](mailto:training@selfleadership.org)) this form by November 13, 2009 with credit card information. Upon receipt, your credit card will be charged a non-refundable \$30 application fee. Once you are accepted, a \$500 deposit will be charged to your card 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. **Spaces are limited, so apply early!**

**1. Please PRINT CLEARLY (especially if you fax it) and provide BOTH your Contact and Billing Information to ensure processing.**

**CONTACT INFORMATION:**  
Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_  
Email: \_\_\_\_\_

**BILLING INFORMATION:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Card Type (VISA/MC): \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
**(Please provide ALL credit card information, even if it's already on file.)**

**2. In the spaces below, please provide three professional references. A daytime phone and/or email are required for each.**

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

**3. How did you hear about Internal Family Systems?**

**4. How did you hear about this training?**

**5. 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.**

**6. Select a Payment Plan:**

Please choose a payment plan below. Payment plans are available for the tuition remaining after the deposit is paid (which is upon acceptance). **If you do not select a payment plan your card will be charged the full tuition (less the deposit already paid) on December 1, 2009.**

All payment plans start **December 1, 2009.**

- Payment Plan 1:** \$2900 (\$3400 full tuition - \$500 deposit)
- Payment Plan 2:** Two payments of \$1475, 6 months between payments (\$3400 full tuition – \$500 deposit + \$50 carrying fee)
- Payment Plan 3:** Monthly payments of \$375, total of 8 monthly payments (\$3400 full tuition – \$500 deposit + \$100 carrying fee)

**Cancellation/ Refund Policy:** The \$500 deposit charged upon acceptance is refundable if you withdraw 45 or more days before the program begins. It is transferable to another CSL training program if you withdraw 44-15 days before the program begins (if used within 18 months) and is forfeited if withdrawal occurs 14 days or fewer before the program begins. Tuition payments required upon withdrawal are as follows: After Session 1: 1/6 remainder of tuition (full tuition less deposit) plus any carrying fee; after Session 2: 2/6 remainder of tuition (full tuition less deposit) plus any carrying fee; after Session 3: full tuition plus any carrying fee. Participants are responsible for payment for sessions attended or missed prior to withdrawal.

The Center for Self Leadership, Inc. ("CSL") reserves the right to postpone, cancel or otherwise change any training program schedule prior to the beginning of its first weekend. 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 program.

**Dual Relationships:** The Center for Self Leadership is committed to creating a safe container for all trainings and seeks to do everything possible to maintain the safety and ethics of our highly experiential Internal Family Systems<sup>SM</sup> Training Programs. To that end, we are sensitive to the potential difficulties of any type of dual relationship between trainer and participant or participant and participant. Therefore, we recommend you review the roster for your program (if not enclosed at this time, please wait until you receive it via email) and determine if you are in a dual relationship with anyone. If you are in a dual relationship, particularly supervisory or therapeutic, The Center for Self Leadership advises you to speak with that person before beginning the training. In order to respect the confidentiality of your dual relationship, please address the situation directly. Different states have different policies for counselors and therapists regarding dual relationships. Therefore, applicants and IFS Trainers are expected to take responsibility for checking with their particular state's governing policies and adhering to the professional standards for dual relationships as outlined by that state. Applicants to CSL trainings and IFS Trainers are also expected to adhere to the governing policies of their professional discipline regarding dual relationships.

**Signature Required:** By signing or typing your name below you (1) authorize The Center for Self Leadership to automatically charge your credit card according to the specific dates and dollar amounts listed on your payment plan (please keep a copy of the Payment Plan Agreement for your records, and note that tracking payments is your responsibility as receipt of payments will not be sent); (2) acknowledge that you have read and understood the Cancellation/Refund Policy and contents of the website Brochure for this training (at [www.selfleadership.org](http://www.selfleadership.org)); and (3) acknowledge that you have read and understand the risks of entering into Internal Family Systems<sup>SM</sup> with a Dual Relationship (see above) and take full responsibility for any issues that may arise in regard to Dual Relationships and that any Dual Relationship issue does not exempt you from fulfilling your payment agreement as specified above.

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

**Please contact The Center for Self Leadership if you have any questions or concerns. The Center for Self Leadership's highest priority is to create and maintain safe and ethical learning environments.**

**Before submitting your application to The Center for Self Leadership, please: (1) make sure it is complete and that you have signed it – incomplete forms will not be processed; (2) make a copy for your records.**