

# IFS Institute Level 3 Application Questions

Updated March 2024

- I acknowledge that my name, pronouns, credentials, and contact information will be shared on the roster with those involved in the training to facilitate necessary communications and for IFS Institute's organizational needs. I understand that my name, email address, and cell/mobile phone number are required. I will contact training@ifs-institute.com if I wish for any information to be withheld from the training roster that's shared for these purposes. I will contact training@ifs-institute.com with any information updates throughout my training, including my emergency contact information. **required**
- I understand that only completed applications can be considered, that no additional information can be accepted for review after submission, and that I am providing all necessary information and materials with this submission. I understand that if clarification is needed, the trainers or someone else at IFS Institute involved with application review will contact me. **required**

## Please enter your information

First name **required**

Preferred first name

Middle name

Last name **required**

Please tell us your pronouns.

- she/her/hers
- he/him/his
- they/them/theirs
- Alternate pronouns

Please tell us the highest level of education you have completed. **required** (drop-down)

Doctorate degree (PhD)

Master's degree

Other

(if other)

List the highest level of education you have completed. Write the full name of your degree. **required** (fill in the blank 100 characters)

In which field of education did you earn your degree? **required**

- Psychiatry
- Psychology
- Counseling
- Marriage and Family Therapy
- Social Work
- Art, Music, Dance Therapy
- Medical
- Other
- (if other)

List the field of education in which you earned your degree. **required** (fill in the blank 50 characters)

**Credential type (click all that apply) required**

- Licensed mental health professional
- Associate-level mental health professional
- Social Worker under supervision
- Psychiatrist
- Doctor of Medicine (MD)
- Doctor of Osteopathic Medicine (DO)
- Psychiatric Registered Nurse
- Psychiatric Nurse Practitioner
- Person with a Master's or PhD degree in a mental health field who can legally provide mental health services
- Internationally Registered mental health professional (for people with non-U.S. credentials)
- Other  
(if other)

List the type of credential you have. **required** (fill in the blank 50 characters)

List your credentials AND write the words of the acronym. Example: LPC, Licensed Professional Counselor Do not list your license number. **required** (fill in the blank 150 characters)

Please tell us how many years you have been a mental health care professional. **required** (drop-down)

- 0 years
- 1 – 5 years
- 6 – 10 years
- 11+ years

## Self-Identity Data Collection

*Our commitment is to create a climate in which all participants and staff feel included in creating a brave and vibrant learning community. **To support the greater representation of identities among our training participants and staff, we invite you to share any aspects of your identity that you would like us to know about.***

*At the IFS Institute, our goal is to create inclusive learning environments and to attract, retain and welcome a more diverse community. We recognize that achieving this goal requires us to ensure that the people managing, leading, creating, and delivering our programs and providing feedback to us reflect greater diversity. Collecting this data is a necessary step to achieve these goals.*

*We acknowledge that staying true to these commitments will not be easy and will challenge our internal and collective systems. Throughout this journey, we are committed to caring for ourselves, each other, and our community.*

Please tell us your age. **required** (drop-down)

- 18-24
- 25-34

35-44  
45-54  
55-64  
65+  
Prefer not to answer

**Would you like to share if you identify as a member of the LGBTQ+ Community?** required (drop-down)

Yes  
No  
Prefer not to answer

**If yes, would you share more about your LGBTQ+ identity here? Please select all that apply.** required

- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Asexual/ace spectrum
- Questioning
- Prefer not to answer

**Are you trans and/or nonbinary?** required (drop-down)

Yes, I am trans and/or nonbinary  
No, I am cisgender  
Prefer not to answer

**What term best describes your gender? Please select all that apply.** required

- Woman
- Man
- Nonbinary
- Gender non-conforming
- Genderfluid
- Genderqueer
- A gender not listed here
- Prefer not to answer

**Please let us know if there is more you'd like to share about your gender identity.** (fill in the blank 1500 characters)

**Do you identify as neurodivergent?** required (drop-down)

Yes  
No  
Prefer not to answer

**Are you a person with a disability?** required (drop-down)

Yes

No

Prefer not to answer

**If yes, please select all that apply. required**

- Coordination or Dexterity (difficulty using hands/arms, for example, grasping a stapler or using a keyboard)
- Mobility (difficulty moving around, for example, from one space to another or up and down stairs)
- Blindness or Visual Impairment
- Deaf or hard of hearing
- Speech Impairment
- Learning Disability
- Other (including developmental disabilities, and all other types of disabilities)
- Prefer not to answer

**Please specify if you have a disability not listed above, or any additional information you would like to share. (fill in the blank 1500 characters)**

**Are you an Indigenous person? required (drop-down)**

*Indigenous person refers to one's relationship with inhabiting or existing in a land from the earliest times or from before the arrival of colonists.*

Yes

No

Prefer not to answer

**If yes, which country/region are you Indigenous to? (fill in the blank no character limit)**

**Are you a member of the Global Majority? required (drop-down)**

*Global Majority is a collective term that encourages us to recognize that together, those of African, Asian, Latin American, and Arab descent along with Indigenous people from around the world comprise the vast majority of people worldwide. Global Majority is not meant to be male-centric or heteronormative. Understanding this truth has the power to disrupt and reframe our conversations on race.*

Yes

No

Prefer not to answer

**If yes, please select your ethnicity below. required**

*The request for your ethnicity is to learn what group of people you identify with according to common racial, national, tribal, linguistic, or cultural origin or background. In other words, it is meant to get an idea about your nationality, heritage, culture, ancestry, and upbringing.*

- African Diaspora (African American, Afro-Caribbean, Afro-Latinx, Afro-European, Afro-Canadian and Afro-Other)
- African
- West African
- Central African
- Southern African
- East Asian
- South Asian/East Indian
- Southeast Asian
- MENA (Middle East & North Africa)

- South American
- Central American
- Caribbean
- Person of Mixed Origin
- Other
- Prefer not to answer

**Please specify if your ethnicity is not listed above.** (fill in the blank 200 characters)

**Are you a veteran?** required

Yes

No

Prefer not to answer

**Is there anything else you would like to share about your identity?** (fill in the blank 1500 characters)

## Contact Information

**Country** required

**First name** required

**Last name** required

**Company**

**Street address** required

**City** required

**State** required

**Zip code** required

**Primary Phone (Cell)** required

**Secondary Phone**

## Emergency Contact Information

Please provide information for someone we could contact on your behalf in case of emergency during a training.

**Emergency Contact First Name** required

**Emergency Contact Last Name** required

**Emergency Contact Cell/Mobile Phone** required

**Emergency Contact Email Address** required

**Emergency Contact Relationship to You** required

(only for trainings with on-site sessions – fill in the blank 200 characters)

**If you have dietary restrictions, please list them below or write “N/A”.** required

**Notice:** IFS Institute and the training sites understand that some individuals may have exacting dietary needs, restrictions, and/or preferences. Reasonable efforts will be made to accommodate these individuals, however, neither IFS Institute nor the training site will be held responsible for the consumption of an individual's unique diet while attending this training. Please review the training's Informational Brochure for additional information on meals for your specific training. Your dietary restrictions will be shared with the site contact and the IFS Training Team for this training.

## Level 3 Training Application

What other names have you gone by? (fill in the blank no character limit)

Please provide details about all Level 1 and 2 trainings you have completed so far. Required (fill in the blank no character limit)

Use below template for each completed training.

- Training (job code):
- Location:
- Lead Trainer:
- Assistant trainer:
- Graduation Date:

Please describe your past experience with, and interest in, the IFS model, as well as your professional intentions and goals for the model. required (fill in the blank 2000 characters)

How did you hear about this training? required

IFS Institute

Colleague

Facebook

Other (fill in the blank)

Why did you decide to apply to this training? required (fill in the blank 255 characters)

Resume or CV: If you do not hold a license in a mental health field, you are required to upload your current resume or CV.

One file only.

1 MB limit.

Allowed types: pdf doc docx.

### IFS Institute, Inc. (IFSI): Terms and Conditions

- I acknowledge that I have read and agree to the Training Terms and Conditions

### Tuition Acknowledgement

- I have read and agree to the Tuition Acknowledgement

### Use of IFS

- By checking this box, I acknowledge and agree that IFS Institute, Inc., its affiliates, and authorized representatives will not be held responsible for or liable for my use of the IFS model.

### Application Information Provided

- I certify that the information I have provided in my application is complete, true and accurate to the best of my knowledge.

**CONTINUE TO PAYMENT**