Registration Information & Application for Bay Area Moreno Institute Core Training Group (BAMI CTG) for Professional Development and Personal Growth September 2015 – January 2016

Please read the information below and return the registration/application form (pages 4-6) to Sylvia Israel at sylvia@imaginecenter.net

E-mail Sylvia or call with questions: 415-454-7308

Core Training Group Schedule and Structure:

The group will meet three weekends. (See dates and times below)
We highly encourage you to commit to all three weekends.
However, you may register for one weekend at a time.

Dates: September 25-27, 2015
December 4-6, 2015
January 29-31, 2016

Hours: Friday 12 PM - 8 PM
Saturday 10AM - 6PM
Sunday 9 AM - 4PM

Where: *IMAGINE!* Center for Creativity and Healing
1924 Fourth Street
San Rafael, CA 94901 (Map)

Friday and Saturday will be devoted to psychodrama training and practice. John and Sylvia will determine the teaching focus for each weekend. We will be reviewing your applications to determine the first weekend topic. Subsequent topics will be determined by input from you, the trainees, as our work develops. Those CTG members who have participated in at least one prior CTG, or are working on certification, will be given opportunities to lead warm-up activities, and will have priority to direct in the group. There will also be opportunities to participate in small group activities.

Sunday mornings will focus on supervision. There will be opportunities to present individual clients, or groups and receive supervision in action. It may also be a time to practice new roles and techniques. You do not need to be currently working with clients to benefit from the supervision sessions. *For those working on Psychodrama Certification Supervised Practice, the morning will count as one supervision session*

Each weekend will provide 20 hours of training (or 17 hours of training and 3 hours/one session of supervision for those working on Certification Supervised Practice.)

Handouts, reading assignments and suggestions for practice will be reviewed.

There will be an hour for dinner Friday, and lunch Saturday and Sunday. You may bring lunch and eat in the office or go to a nearby restaurant.

Continuing Education/Training Hours available: Approved for CEUs for MFT, LCSW (BBS947) Sylvia Israel, MFT, RDT/BCT, TEP, Provider. Additional $20 fee when registering for all three weekends, or $20 for each weekend when registering individually.

Hours may also be applied toward certification in Drama Therapy (Recognized by the North American Association for Drama Therapy) and/or Psychodrama (Recognized by the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy) and MFT licensure (Approved by the Board of Behavioral Sciences).

Payment

Full payment for the series or for the first session is due on September 1, 2015.
If you are registering for the entire series, you may choose to provide up to 3 post-dated checks (dated the first of each month the training is held— September 1, 2015, December 1, 2015 and January 1, 2016) or pay in full.

If you are registering for one weekend, please pay in full.

Credit Card Payment: The fee for processing credit card payment through Eventbrite is $25 per weekend or $50 for 3 weekends. We therefore ask that you pay by check. If that is not possible, please contact Sylvia.

Refund Policy: Checks will be returned (full refund) for those who withdraw before 2 weeks prior to the first day of the training. It is understood that once you have committed to the three trainings you are responsible for payment even if you are not able to attend.

Fee: $450 per weekend when registering for all three ($1350 total)
$500 per weekend when registering for each workshop individually ($1500 total if you attend all three)

Students (with full-time ID): $375 per weekend if registered for three ($1125 total)
$425 per weekend when registering for each workshop individually ($1275 total if you attend all three)

Some partial scholarships available.

Scholarship Donations/Information and Applications:
We strive to make the work of BAMI accessible to students of all economic means. Scholarships will be determined on a case-by-case basis.

The total amount available for scholarships will be determined by the number of full-paying students registered and scholarship donations received. If you can, please consider making a donation of any amount to help cover a portion of the fee for another student.

To request a partial scholarship, or to contribute to the scholarship fund, complete question #6 on the application form.

Scroll down for application.

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APPLICATION for BAMI CORE TRAINING GROUP for 2015-2016

Please e-mail (pages 4-6) to sylvia@imaginecenter.net or mail to Sylvia Israel at address below with your payment.

(Please type or print legibly)

NAME:

ADDRESS:

PHONE(S):

E-Mail:

Check one:

_____I am registering for the entire 2015/2016 Core Training Group (CTG) of the Bay Area Moreno Institute (3 weekends).

_____ I am registering for the one session on (Date) _____.

_____I am registering for the two sessions on (Dates) _____ and _____.

Payment (see payment info above)

Send payment made out to:
Sylvia Israel
1924 Fourth Street
San Rafael, CA 94901

Please indicate on the check(s) the dates of sessions.

I am enclosing ___ (number of checks) for $ _____(amount).

I have read and understand the refund policy. *Full refund up to 14 days prior to first meeting. No refunds thereafter.*
Please give some thought to the following questions. Responses don't need to be long, but they should be thoughtful. (*If you are printing this, feel free to use the other side of the page if you need more space.)*

1. What is your previous experience with Psychodrama and other action methods? Please indicate approximate number of Psychodrama training hours and the names of the trainers.

2. What do you hope to gain professionally from participation in the CTG?

3. What are some personal growth goals you have for participation in the CTG?

4. Describe your experience in groups.

5. What is important for us (the trainers) to know about you before you begin the CTG?

Optional:

6. Scholarships*:* Please indicate below if you would like to
(a.) be considered for partial scholarship aid or would like to
(b.) contribute to the scholarship fund.

a. I would like to apply for scholarship aid on the amount of $_____

Comments/Reason for request:

b. I would like to contribute to the scholarship fund in the amount of $_____

Thank you very much.
We look forward to receiving your completed application and to working with you.

Sylvia Israel, MFT, RDT/BCT, TEP

John Olesen, MA, TEP