

The Institute for
Relational Change



Advancing Mental Health Care

www.InstituteforRelationalChange.com

1789 South Braddock Ave., Suite 350, Pittsburgh, PA 15218

Phone number: 412-212-8478

Clinical Training Application

This application is for students and early-career clinicians interested in receiving training, supervision, and professional development through the Institute for Relational Change. Our training program focuses on systemic training, self-development and culturally responsive clinical practices.

Please submit the completed clinical training application, along with your cover letter and resume to info@instituteforrelationalchange.org.

1. Applicant Information

Full Name:

Date of Birth: _____

Phone Number: _____ Email Address: _____

Address:

City/State/Zip:

2. Educational Background

Current School/University:

Degree Program (MSW, MA Counseling, MFT, etc.):

Expected Graduation Date: _____

Current Year in Program (circle): 1st / 2nd / 3rd / 4th / Post – graduate school

Have you completed any clinical practicum or internship? Yes / No

If yes, please describe:

3. Training Interests

Please check the areas you are most interested in learning or developing skills in:

- Individual Therapy
- Couples Therapy
- Family Therapy
- Group Therapy
- Trauma-Informed Care
- Reunification Therapy
- Court-Involved Family Therapy
- Other: _____

4. Clinical Experience

Please briefly describe any clinical, volunteer, or helping experience you have had:

5. Statement of Interest

Please describe why you are interested in training with the Institute for Relational Change and what you hope to gain from this experience:

6. Availability

Preferred days/times for training, supervision, or clinical work:

7. Professional References

Reference #1

Name and Title:

Organization:

Email/Phone:

Reference #2

Name and Title:

Organization:

Email/Phone:

Reference #3

Name and Title:

Organization:

Email/Phone:

8. Applicant Agreement

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that submission of this application does not guarantee acceptance into the training program. If selected, I agree to follow the policies, ethical standards, and supervision requirements of the Institute for Relational Change.

Applicant Signature: _____

Date: _____