

TRAINING APPLICATION

Instructions & Information

Please complete the questions below, then press the **Send** button. Dr. Turner reviews each application to ensure that participants are prepared for the course. She will respond to each application within 1 week. When your application is approved, you will be sent detailed course and travel information, as well as a link for course fee payment. Upon acceptance you must pay a deposit or the full course fee. Course fees are required to secure your place in the course.

Please note that prior training in Sandplay is NOT required

Please fill in all of the information. Thank you!

Your Name (required)

Your Address (required)

Your City or Town (required)

Your State, Region or Province (required)

Your ZIP or Postal Code (required)

Your Country (required)

Your Phone (required)

Your Email (required)

Please indicate which Training(s) you are applying for:

List your education, degrees and clinical license status:

Describe your experience in the mental health setting, years of experience, populations served, etc.:

List all Sandplay courses you have taken, with whom and approximate dates:

List any Sandplay consultation you have done, with whom and type (individual, group or combination):

Confidentiality Agreement

By assigning my name hereunder, I agree that if I am accepted to participate in the training(s), I will uphold the highest standards of professional confidentiality, adhering strictly all all times to all laws and ethics governing the protection of client confidentiality. I agree to disguise any and all identifying information during case presentation, and I agree that I will hold confidential any and all clinical material shared during the course of case presentations.

I acknowledge that such intensive study of unconscious material requires significant personal growth and transformation and affirm that I am sufficiently physically fit & emotionally sound to undertake this training. I agree to remain responsible for my own well being throughout the training.

Yes, I agree.

Your Message

Please send completed form to new email address: drbarb@sonic.net
