

EXPRESSIONS OF INTEREST:

are invited for the training in the treatment of child internet and child sexual offending.

FORMAT:

The training will comprise 6 two-day weekend workshops spread over a 4 month period commencing in September 2020. The dates are:

DATES: (Subject to Covid 19 Restrictions being lifted.)

5/6 and 26/27 September, 17/18 October, 7/8 and 28/29 November and 12/13 December.

12 hours of teaching in each workshop will accrue a total of 72 CPD hours

COURSE CONTENT:

Workshop 1: Overview of Training Ethos, Aims and Objectives

Workshop 2: Treatment program –Introduction Module

Workshop 4: Treatment program - Childhood Issues Module
Workshop 4: Treatment program - Empathy Skills Module

Workshop 4: Treatment program - Empathy Skills Module

Workshop 5: Treatment program - Relapse prevention & positive sexuality Module

Workshop 6: Review, consolidation and where to from here, certificates and

completion

FACULTY:

Christabel Chamarette M.Psych, MAPS, Janice Paige M.Psych (Counselling Psychology) MAPS, Rick Underwood BA Psych (Hons), Diana Locke M. Social Work, BA Counselling, Monica Macoun M.Psych. MAPS and guest presenters.

VENUE: To Be Advised

COST: \$1980.00 (incl GST) or \$330.00 per workshop

Morning and Afternoon Teas are provided.

APPLICATION FORMS AVAILABLE FROM:

Jonathan Kester at jonakes@globaldial.com or M: 0438 929 899

Australian Training Institute for Child Sexual Abuse Treatment

MEN'S TREATMENT PROGRAM Application Form

I would like undertake the Child Sexual Abuse Prevention Professional Training Program, starting in Perth in September 2020

Name:					
Occupation:					
Address:					
Suburb:					
State:				Postcode:	
Home Phone:	Mobi		Mobile Phone	9:	
Email:				·	
Emergency Conta	ct Name:				
Relationship to y	ou:				
Home Phone:			Mobile Phone	9:	

Si	gnature:	 	

APPLICATION CHECKLIST

To ensure your application can be processed promptly, please ensure that you have included the following:

- Your application, including
 - (a) This Cover Sheet
 - (b) Typed answers to questionnaire
 - (c) A recent photo of yourself

Please email your application to: cchamarette@gmail.com

QUESTIONNAIRE

Please answer the following questions. Through your responses, we hope to have as complete and accurate an experience of you as possible. We don't necessarily need to be impressed, just clear on who you are – both talents and limitations. Feel free to add whatever you believe will be helpful to us. This allows us to screen potential students, to relate to you personally and to shape the training to the nature of the members of the group.

The entire application need be no longer than three typed pages. Please cover the following three areas:

OCCUPATIONAL HISTORY

Start with the most recent, in the following format

Job Title	Job Duties	Employer

EDUCATIONAL HISTORY

Educational Institution	Field of Study	Outcome

YOUR BACKGROUND AND EXPERIENCE

- 1. Give us a brief commentary on your work or life experiences that have drawn you to further study in this area of counselling?
- 2. What is your particular plan or vision for using the training?
- 3. Describe your experience working with people one on one or in a group setting.
- 4. Describe what personal growth processes you have engaged in.
- 5. Using one side of a page or less describe the kind of person you are.

Just feel free to add whatever you believe will be helpful to us. The entire application need be no longer than three types pages.