



**TRAINING APPLICATION FORM - DEPARTMENT OF PSYCHOLOGY
ROYAL VICTORIA HOSPITAL**



Please check the particular service(s) and training program(s) and whether the internship you are seeking is either full-time or half-time.

A. Cognitive Behavioural Therapy

Internship, FT _____
 Internship, PT _____
 Postpracticum _____
 Practicum _____

B. Clinical Neuropsychology

Internship, FT _____
 Internship, PT _____
 Postpracticum _____
 Practicum _____

C. Sex & Couples Therapy

Internship, PT _____
 Postpracticum _____
 Practicum _____

Special interests for CBT training: _____

Name: _____ **Date:** _____

Date of Birth: _____ **Canadian Citizen?** ____ (yes) **SIN #:** _____

Nationality if not Canadian: _____ **Status in Canada:** _____

University: _____ **Program:** _____

University Address: _____

Home Address: _____

Phone number: _____ **Phone number:** _____

E-mail: _____

If you are applying to an internship, please indicate your level of progress in each of the following areas. Use a "C" to indicate completed, a "P" to indicate in progress or leave blank to specify not yet begun.

Doctoral Dissertation: Proposal approved ____ Data collected ____ Data analyzed ____

Coursework: Required courses ____ Comprehensive exam ____

Please record your level of competency in both languages across the three tasks.

Language competence in:	English	English	English	French	French	French
	not capable	capable	fluent	not capable	capable	fluent
Psychological testing						
Intake assessments						
Therapy						

Previous Practica: _____

Previous internship(s): _____

Names, addresses and telephone number of the two individuals who will supply letters of reference

1. _____

2.