



# Feminist Narrative Immersion Program

## Application Form

### 1. I am seeking:

- \_\_\_ University Practicum  
\_\_\_ Professional Development  
\_\_\_ Other, please specify: \_\_\_\_\_

### 2. PERSONAL INFORMATION

Last Name	First Name
Date of Birth	Gender Pronoun
Telephone	Email
Address	

### 3. EDUCATION

3.1 Please list all current and past degrees/relevant training below:

Degree	Institution	Status/Date Granted

3.2 Are you or have you ever been a member of any regulatory/membership organizations?  
(e.g. BCACC, BCCSW)

Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of organization and membership number

### 4. INSURANCE INFORMATION (Skip if you are seeking practicum)

Insurance Company	
Type of insurance	Duration of Insurance

\*Please attach a copy of your insurance contract



**5. Please describe any previous training/experience in Feminist Narrative Therapy and what drew you to this approach.**

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**6. Please describe any experience and interest in collectivist theory/work and cohort/group learning environment.**

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**7. What does Feminism mean to you and how does it inform your work as a therapist?**

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**8. Please describe any current personal learning objectives you feel might be supported through this immersion program at ProChoices.** (E.g. To build portfolio, to build connections and support, to enhance certain skills, etc.)

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## 9. CLINIC CONTRIBUTION

Learning Therapists at ProChoices participate as part of a collective and contribute to the clinic operations. Please select any areas of interest/expertise that you would be interested to offer as part of your involvement and further learning.

Web/Graphic Design	Project Coordination	Outreach/ Presentation
Communications	Marketing	Group Development
Administration	Intake	Special Projects
Writing (grants, funding, etc.)	Public Relations	Accounting
Writing (articles)	Conference/Workshops	Resource Development
Research	Card/Flyer Distribution	Other: _____

Please describe your skills and experience in the areas selected:

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## 10. Please confirm your availability and commitment with the Immersion program.

Estimated Start Date: \_\_\_\_\_  
DD/MM/YYYY

Estimated Duration of Involvement (Min. 6 months): \_\_\_\_\_

## 11. ADDITIONAL INFORMATION

Feel free to attach any additional information/documents that you feel might strengthen your application in your email and indicate attachments you have enclosed below:

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## 12. SIGNATURE

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_