**Application for Interns**

First Name:       Last Name:

Address:

City:       State:       Zip:

Home Phone:       Cell Phone:

E-Mail:

**EDUCATION and TRAINING**

Name of graduate degree pursuing:

Name of educational institution:

Expected date of graduation:

Please list all completed/in process coursework for your graduate counseling program:

|  |  |
| --- | --- |
| **Course Title** | **Course Title** |
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Please list courses to be completed during your first rotation with One:12:

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| --- | --- |
| **Course Title** | **Course Title** |
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|       |       |
|       |       |

Please list any additional trainings or certifications below:

|  |  |  |
| --- | --- | --- |
| **Training or Certification** | **Date** | **Conference or Presenter** |
|       |       |       |
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Please list information for earned degrees below (undergraduate or graduate):

|  |  |  |
| --- | --- | --- |
| **Degree Earned** | **Educational Institution** | **Date Received** |
|       |       |       |
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**SUPERVISION EXPERIENCE**

Please describe what you are looking for in your supervision at One:12.

**(If you have yet to receive supervision, you may skip the remainder of this section.)**

Please list the information regarding your experience of supervision below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Supervisor** | **Supervisor’s Credentials** | **Supervisor’s Therapeutic Model** | **Duration**  | **# of Hours** |
|       |       |       |       |       |
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Please describe two examples of something you gained through supervision.

1.

2.

Could anything have improved your previous supervisory experiences?

Please describe two examples of constructive feedback that you received during supervision?

How did you experience this feedback?

**REFERENCES**

Please provide at least three (3) references, including email address and phone number, who can speak to who you are as a mental health counselor intern or marriage and family therapist intern. Please include at least one graduate program professor and, if applicable, at least one supervisor as references. A character reference may be included as one of the three.

**DIDACTIC COUNSELING**

Have you participated in didactic counseling (here defined as personal counseling for the purposes of counselor formation and learning) as a part of your graduate program?

If so, how has your experience of didactic counseling influenced you as a therapist in training?

**THEORETICAL ORIENTATION**

Please describe the theoretical approaches you hope to employ during your time at One:12:

Why have you chosen these models?

FAITH INTEGRATION

How would you integrate faith into your practice of counseling?

COMMUNICATION STYLE

What is your Myers Briggs Type?

What is your Enneagram number?

How would you describe your communication style?

**SERVICES CAPACITY**

What days and/or times of day are you not available to see clients?

What types of client populations are you interested in engaging?

Counselors at One:12 have a specialty area that they develop with us. Do you have a specialty area and if so, please share more about it?

One:12 also has couples and children that often reach out for counseling.  Because of the need, we also offer additional training and support for either of these populations.  Are you interested in either of these areas and if so, please speak more to it?

Are there types of clients with whom you are not willing to work? If yes, please explain:

Once you have completed this application, please email it **along with your resume** to: internship@one12counseling.com