

Workshop and Group
Application Form

Name _____

Address _____

Home Phone _____ Office Phone _____ Cell Phone _____

Fax _____ Email _____

List workshop or group you would like to attend or receive further information about:

Title _____

Date _____ -

I would like to know more about you. Please write an autobiographical statement, limited to 1-3 typed pages, identifying the major emotional and spiritual events in your life. Please include the following information:

1. Your motivation for applying to this workshop or group.
2. Strengths or limitations that may affect our work together.
3. Your experience in therapy and healing.
4. Your personal goals for this experience.
5. Any other pertinent information you would like to share.
6. Any history of drug or alcohol abuse, sexual or physical abuse, mental illness, criminal convictions or professional misconduct.

Please send this application plus a workshop deposit of \$25.00 and a group deposit of \$50.00 to Karyne B. Wilner, PsyD, Integrated Psychological Services Center, PO Box 88, Portsmouth, RI, 02871. You may also email to karynew@aol.com