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**International Society for Schema Therapy Certification Programme**

**Application for Standard or Advanced Certification in Schema Therapy 2024/25**

**Please specify which level of certification you are applying for**

**Standard Advanced**

***Please fill this form in and return as an email attachment or by post (addresses below)***

1. Applicants full name and title (For certificates etc):
2. Applicants preferred name:
3. Profession:
4. Date of registration:
5. Address and Post Code:
6. Work e-mail address (please note that some organisations will filter out emails with attachments):
7. E-mail address:

**Qualifications and practice experience**

This section is to outline your qualifications and experience. Please complete the sections concisely and with specific details of both your experience and qualifications

1. **Academic qualifications (Please note you must hold at least an honours degree, plus relevant psychological therapy training or Medical degree in a relevant field for ISST certification - for more details please follow the link: https://schematherapysociety.org/2017-2018-ISST-Individual- Certification-Requirements. Please state your academic qualification(s):**
2. Licence or certification to practice. Please give details of which body you are registered with e.g. HCPC, NMC, BABCP, BACP, UKCP. Please note that BABCP accredited practitioners must hold full accreditation and BACP and UKCP practitioners must be accredited. Psychologists must be registered with HCPC and eligible for chartered status with BPS. Medical Doctors must be registered with the GMC or equivalent body:
3. Date of Registration/full Accreditation:
4. Registration/Accreditation Number of regulatory body including HCPC:
5. ISST regulations stipulate that the certification process must be completed within 3 years following the completion of the workshop element of the programme. Extensions can be applied for to the ISST in exceptional circumstances. Please state **YES** or **NO** if you can commit to this?
6. Please outline your access to individuals with a personality disorder diagnosis or with significant PD features. Your access to individuals with personality disorder who are appropriate for schema mode work due to complexity, chronicity, relapse or failure to respond to treatment:
7. Please state if you are able to work with personality disordered clients over the necessary time frame required for certification. **Please note that you must be able to work with the clients for a minimum of one year.**

1. Please state if you have previously received any Schema Therapy training (attended prior training, workshops etc or have received Schema Therapy supervision.
2. ISST Certification requires that your training supervisor and external raters have access to recorded sessions as part of the certification programme requirements. Is this acceptable to you? If employed, has this been agreed with your employing organisation? **Please note, this essential for certification**.
3. Please outline how you consider that Schema Therapy will enhance your work within your mental health role (Please limit to 250 words).
4. Please enter any other information you wish to include.

**Workshop dates.**

**Please note that currently all training is online**

**Our next training commences in December 2024**

**Venue: online**

**Payment**The cost of **Standard Certification** is £2900.00\* (20 supervision sessions plus rating of 2 session recordings)

The cost for **Advanced Certification** is £4900.00\* (40 supervision sessions plus rating of 3 session recordings)

**\*Please note that this includes the Academic Module fees (attending the full 7 days training)**

**If you would prefer to pay by instalments we would be happy to arrange this to suit your needs. If you wish to make payments this way please make use of the ‘Additional Information’ section below**

1) Will you be self-funding? Yes/No

2) If you are self-funding please enter details here (including any Invoice number, name, address). Please indicate how you would like to pay. If you wish to pay by instalment please contact Schema Therapy Systems and we will be happy to discuss options to pay over a 1 or 2 year period

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**Funded by Employer**

If you are being funded by your employer please provide invoicing details below. Please note that employers won’t be contacted until your application for training is successful.

If you are applying for funding but have not yet had confirmation from your employer, please continue with this application and outline details below in the **‘additional information’** section.

3)  Full name of Health Trust/Board/Other Organisation

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4)  Purchase Order Number /Cost Code (if applicable)

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5)  Name and address of person/department to send invoice to

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6) Telephone Number

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7)  E-mail address

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8)  Additional Information (use this box if you wish to pay by instalments)

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Please check that you have completed the form and send to:

[schematherapysystems@outlook.com](mailto:schematherapysystems@outlook.com)

If you would prefer to send your forms by post, send to: Schema Therapy Systems, 20 Castle View, Denbigh, LL16 3EG