

**Application for Two-Year Training Program in Focusing-Oriented Therapy
with Glenn Fleisch, Ph.D. and Ann Weiser Cornell, Ph.D.**

Name: _____

Address: _____

Phone(s): _____

Email: _____

In your current work, you call yourself:

Psychotherapist

Therapist

Counselor

Spiritual Director

Bodyworker

Other: _____

• Are you currently working with clients in some capacity? If not, please describe your circumstances (for example, you might be in training to be a counselor but not yet seeing clients).

• For how many years have you been seeing clients as a professional?

• Please describe the training you had (or are taking) for your work with clients.

• Please describe your previous experience with Focusing. If you have not yet taken Level One, let us know your plans for taking it before September 25.

• *How would you briefly describe your philosophy of therapy? Do you do therapy now with a particular orientation? If you are eclectic, what are the main components of your work?*

• *What are you hoping to get from taking this program?*

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REGISTRATION FEES

Please check all that apply:

- I am registering for the September 10-13 retreat (required for participation in the Focusing-Oriented Therapy program); I enclose the following fee(s):
- Registration Deposit (\$225)
 - Full Registration Fee (\$450)
 - Room & Board: Single Room (\$350)
 - Room & Board: Shared Room (\$290)
 - Room & Board: Commuter (\$115)
- I have already registered for the retreat.
- I will decide later about registering for the two-year training program.
- I'm ready to commit to the Focusing-Oriented Therapy program, and enclose my first year tuition (\$1,775 for one year). I will pay my second year tuition (\$1,775) prior to the first day of my second year in the program.
- I am ready to commit to the Focusing-Oriented Therapy program, and enclose my tuition in full (\$3,000 for two-years; a savings of \$550 over the combined annual fee).

Payment Info:

- Please charge my credit card (Visa, Master Card, or American Express):
- Card Number: _____ Exp. Date ____/____
- Name as it appears on the card: _____
- Signature: _____
- I have enclosed a check or money order (in U.S. funds), made payable to: **Focusing Resources**

Please return this application with your applicable fees to:
Focusing Resources • 2336 Bonar St. • Berkeley CA 94702
 Fax: 510-666-9938