

INTERNSHIP SUPERVISION APPLICATION

(Please type or print in black ink.)

FULL NAME: _____
(your legal name) Last First Middle

How many hours a week are you applying to Intern? _____

If less than 40 hours, please list the times you are available (For example: 10 AM to 2 PM), or check below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- ☐ I do not know my availability yet.
- ☐ I can determine my schedule around the needs of the Internship

EMAIL: _____

CURRENT OR MOST RECENT UNIVERSITY: _____

University City, State _____ Degree & Major _____

Expected Graduation Date _____ Minor (if applicable) _____ GPA _____

CURRENT ADDRESS:

Street _____

Apt./P.O. Box Apt./P.O. Box _____

City State/Province Zip/Postal Code _____

Country/Region _____

EXPERIENCE IN THE ARTS:

EXPERIENCE IN CREATIVE ARTS THERAPY:

PHONE NUMBER: _____
(include country code, if applicable)

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No Country From Which Your Passport Is Issued: _____

The Center for Creative Arts Therapy cannot assist with the attainment of visas for Internships purposes. Applicants must already have the appropriate valid J-1 or F-1 visa when applying. Please attach a copy of your visa with your application.

HOW DID YOU FIND OUT ABOUT THE INTERNSHIP? ☐ Internet Ad on: _____ ☐ Print Ad in: _____ ☐ Other: _____

I certify that the information contained on this form and in my application pack is true and complete to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

All materials submitted must arrive in one package and must be written in English. Application postmark deadlines are on a continual basis. Materials become the confidential property of the Center for Creative Arts Therapy and are not returnable.

All qualified applicants will receive consideration for an Internship without regard to race, color, sex, age, national origin, religion, disability, veteran status, sexual orientation, marital status, citizenship, or any other protected status. No question on this application is intended to secure information to be used for such discrimination. Creative Clinical Consulting offers equal opportunity and treatment to all who apply and is committed to diversity in the Center.

PLEASE MAIL THIS APPLICATION WITH THE FOLLOWING MATERIALS IN ONE PACKET:

- Cover letter
- Internship Application Form
- Resume (include all practicum experiences with a brief detail of the individuals or groups you worked with)
- University/college transcript(s); undergraduate and graduate (if applicable)
- Two letters of recommendation (one must be from a creative art therapy professor in your programs)
- Writing sample (at least 2 pages showcasing your research, written language and organizational skills)
- Digital portfolio (5 completed visual art pieces, or 2 examples of theatre/dance/music work)

Send application packet to:

Center for Creative Arts Therapy
ATTN: Internship
4336 Saratoga Ave., 2nd Floor
Downers Grove, IL 60515

847-477-8244
c4creativeartstherapy.com
info@c4creativeartstherapy.com

If you are seeking external supervision, what is your Current caseload? _____

If you need referrals, how many clients per week do you require? _____

What type of supervision arrangements do you require?

To whom are you accountable for the management of your clients?

Name: _____ Phone: _____

Is this the person we should contact if there are concerns about your clinical work that we cannot resolve? **Yes / No**

If no, who is the person we should contact?

Name: _____ Phone: _____

Does your school or employer require formal feedback from me regarding your work with clients? **Yes / No** If yes, please explain what is required.

Do you receive any other type of supervision? **Yes / No** If yes, give details.

Have you ever received counseling supervision? **Yes / No** If yes, please provide details that include what the experience was like for you, and how it could have been improved.

Does your school or employer have its own policy & procedure manual, and are you familiar with the complaints procedure? **Yes / No**

How do you evaluate your client work at present?

I give consent for _____ (clinical supervisor) to contact my employer/organization/educational institution if he/she believes my work with a client causes him/her serious concern and where a mutual course of action cannot be agreed.

Supervisee Signature

Date

Printed name

Organizational/School Representative

Date

Printed name