

Application for PSPP Mentorship Program

Name:

Date:

Email:

Phone:

Address:

Check one: Graduate Student ___ or Early Career Professional ___

Graduate Program:

Year of Training:

Current Practicum / Internship or Position:

Is this your first time applying to the mentorship program? ___ (If not, please indicate when you applied to the program previously and who mentored you).

What are you hoping to gain from this mentorship (please check all that apply)

___ *Career Development*

___ *Discussion of Theory / Research / Dissertation / Reading*

___ *Consultation on general clinical issues (eg. case formulation) [note: this is not supervision]*

___ *Other: (explain)*

Theoretical Orientation(s):

Please describe your clinical / professional interests:

Is there anything else that you would like us to know about you that would be helpful in matching you with a mentor?

Location / Availability: Please list 3 preferred location(s) and times you are available to meet with your mentor Monday - Friday during the day once per month (please note that evening and weekend times are often difficult to arrange). Meeting via Skype or Zoom is also an option.

Please save & email completed form to Dr. Barbara L. Goldsmith blgoldsmith@gmail.com.