APPLICATION



Application to train in EMDR Therapy

Exceptional Circumstances Pathway

To complete EMDR Therapy training accredited by the EMDR Association of Australia, you are required to meet the eligibility criteria, as outlined on emdraa.org. Under some circumstances, as outlined below, you may apply to train if you do not meet all eligibility criteria.

The procedure for applying to train under exceptional circumstances is to:

- Complete this form clearly indicating which criteria you do not meet.
- Prepare an application letter, addressing each criteria and how you do or do not meeting this. For criteria you do not meet, please provide collateral information which highlights how you have shown equivalence to this through other means.
- Attach copies of all referenced documents such as training certificates and qualifications.
- Attach a copy of your current CV.
- Attach a letter of support from your current manager and/or clinical supervisor.
- Ensure that an EMDRAA Accredited Consultant has signed the appropriate section of this form.

Completed applications should be emailed to: accred@emdraa.org

EMDRAA Application to Train Form: Exc	A Application to Train Form: Exceptional Circumstances Pathway		
Original Version	1	Approval Date	October 2024
Version #	3	Review Date	October 2026
Contact us accred@emdraa.org	ABN 95 151 692 429		

Application:
Applicant name:
Applicant address:
Applicant email:
Professional discipline:
Supporting Accredited Consultant:

I confirm I have reviewed the requirements of this application and that my application includes the following:

Accredited Consultant email:

Checklist	
I have provided a letter addressing each of the following six criteria	
I have attached all supporting documents regarding the letter provided	
I have attached a current copy of my CV	
I have attached a support letter from my current clinical supervisor	
and/or clinical manager	
I have attached a signed letter of support from an EMDRAA Accredited	
Consultant who has confirmed their availability to work with me from the	
commencement of my training.	
I understand that I <i>cannot</i> enrol in training until I have been approved by	
EMDRAA	

1.	Have you completed an ur	ndergraduate degree in a mental health-related field?
	Please note your degree, y	year completed, and the university level subjects/ units
	completed that relate to me	ental health assessment, diagnosis, conceptualisation, or
	intervention skills, or any s	ubjects/ units specifically related to trauma.
	Yes	No
2.	Do you have evidence of t	raining in providing trauma-related interventions? This
	training must include theor	retical and practical applications. For example, training in
	other therapeutic modalitie	s or training in the direct assessment and treatment of
	trauma-related presentatio	ns.
	Yes	No
3.	Do you currently meet the	requirements for registration for a professional mental
	health registration/ member	ership body as outlined by EMDRAA?
	Yes	No

If No:

a. What is your identified professional discipline/ body?

b. What is your current membership status within your discipline?

c. Please outline your current progress towards meeting the eligibility criteria for your professional discipline as outlined on the EMDRAA website. For example,

remaining client hours, competencies, time frames, and hours of supervision.

d. What is your expected date to meet the full eligibility criteria for EMDRAA?

<u>Please note:</u> This is for your eligibility to commence training. You will need to meet the EMDRAA eligibility requirements before you are eligible to be a full member or move on to accreditation processes with EMDRAA.

<u>Please note:</u> If you are an international applicant, please provide a letter from your national or regional EMDR association to confirm your eligibility to train in EMDR Therapy in the country where you are practising.

4.	Do you currently hold professional indemnity insurance to cover your clinic	a
	practice?	

Yes	No

5.	Have you had at least two years recent experience in a clinical role providing counselling/therapy?	
	Yes	No
6.	6. Are you engaged in regular clinical supervision? Please provide a letter of support from your current supervisor and/or clinical manager.	
	Yes	No

Consultant Agreement

This agreement is for applicants who do not fulfil all EMDRAA eligibility criteria but who may be conditionally approved by the EMDRAA Accreditation and Standards Committee for training with this agreement in place.

Please note: EMDRAA strongly recommends that at least he first session of consultation be conducted individually, to allow exploration of any additional learning requirements or support needed to ensure successful completion of EMDR Basic Training and effective implementation of EMDR Therapy.

I	(consultant name) have availability to consult with
	(applicant name) with 10 hours of consultation as they undertake
an EMDRAA accre	dited consultation program.
I	(applicant name) agree to participate fully in consultation with
	(consultant name) and attend the 10 hours of consultation
throughout the period	od of basic training to ensure responsible practice and application of the
training.	
Please Sign	
Applicant signature	:
Consultant signatur	re:
Date/s:	