**Level Two BUSS Training**

**APPLICATION FORM**

Thank you for your interest in joining us for Level Two BUSS training. Level Two training is open to participants with **a prerequisite core professional training in either Social Work, Clinical Psychology, Occupational Therapy or Child Psychotherapy**. Participants must also have attended the Introduction to BUSS webinar and successfully completed Level One BUSS training.

Each part of the training builds on the work done in the previous module, so ***attendance at all parts of the training is mandatory*** to progress through the training. Trainers will endeavour to catch delegates up, where possible, with any small parts of the training that are unavoidably missed (1.5 hours or less) otherwise delegates will have to repeat the training they have missed to complete the course and to be able to progress on to the next level should they wish.

Successful completion of Levels One *and* Two (including ***all parts*** of the home based assignments) allows participants to become “BUSS Informed Practitioners”. Please note, this does not equip you to practise BUSS as an assessment or intervention, but does provide you with the training that you need to progress to Level Three, which is the supervised practicum part of the training. Successful completion of Level Three allows registration as an Accredited BUSS Practitioner.

**Please complete and return this application form to** [**info@bussmodel.org**](mailto:info@bussmodel.org)**. We can then secure your place on the training and be in touch regarding registration and payment.**

**Attendee’s Personal Details**

Name:

Email:

Phone:

Address:

Workplace/Organisation:

Job role:

**Training Details**

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| **Please specify the date of the BUSS training course you are interested in:** |

**Prerequisites**

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| **What date did you complete Level One BUSS training?** |

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| **Please provide details of your core professional training:** |

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| **What is your clinical experience of working with children and families who have experienced developmental trauma?** |

**Additional Information**

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| **Do you have any dietary requirements for in-person training?** |

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| **Any additional comments or experience?** |

**Self-Funding**

***If you are self-funding this training course, we would be happy to discuss options for paying in instalments if this would be helpful to you. Please get in touch with us at*** [***info@bussmodel.org***](mailto:info@bussmodel.org) ***for more information.***

**Invoicing Details**

|  |  |
| --- | --- |
| Name of Paying Individual/Organisation: |  |
| Address of Paying  Individual/Organisation: |  |
| Email address for the invoice to be sent to: |  |
| Name of person authorising payment: |  |
| Email address of authorising person: |  |
| Contact number for authorising person: |  |
| PO number (if your company needs it): |  |

We are really looking forward to meeting you!

If you have any queries, please do get in touch with us at - [info@bussmodel.org](mailto:info@bussmodel.org)

Thank you,

The BUSS Team

**BUSS TRAINING TERMS AND CONDITIONS**

Please double click on the icon below to open and read our BUSS Training Terms and Conditions.



Submission of your application form confirms your agreement to these Terms and Conditions.

