

APPLICATION FORM 2025

Intensive 1, 2 and 3 Foundation Training in The Equine and Animal Assisted Psychotherapy Institute (EAAPI) Model *Equine Assisted Psychotherapy* and

PLEASE NOTE: This training includes personal growth and development work, as it is a psychotherapy model and requires 'inside out learning' to understand and apply. It is not an information or knowledge-based training, rather an experiential learning process, that incorporates psychotherapy theory, principles, and practice methodology. If you have experienced trauma or significant psychological issues, it does not preclude you from the training, however, please discuss your needs and the demands of the program in a phone interview/conversation to assess suitability and approach to keeping you safe.

Contact Information					
Name:					
Address:					
Suburb/Town:					
	State:		Postcode:		
Mobile/Phone:					
Email:					
Age:					
Medical Conditions:					
Please indicate any relevant medical conditions that you think would be useful for us to know, including any known allergies.					
Training Interest (EAL/EAP):					
Understanding of training: (Please circle to indicate your understanding)	 Please indicate your understanding of the following: I am prepared and open to participating fully, communicating my needs, and accepting support from the training team Yes /No I am open to participating in practice sessions throughout training Yes /No 				
Emergency Contact: (Name and Mobile)					

Enrolment

Location	Dates
VIC (Mt Prospect)	Intensive One: $3^{rd} - 7^{th}$ February 2025 Intensive Two: $10^{th} - 14^{th}$ February 2025 Intensive Three: $17^{th} - 21^{st}$ February 2025

Information on our Block Training Participation

This block training is an immersion training that involves 3 consecutive weeks of intensive Theory and Practice and requires a degree of resilience, energy, and good mental health to manage the requirements of this unique block training.		
warning regarding the student participation a	ress and structure do not suit every student, and this section serves as a due requirements of students and the expectation of The Institute regarding and capacity. Please check here to indicate you understand the resilience uirements of our Block Training students.	
students from a variety	ent, you are aware that you will be training with a group of both EAL and EAP of backgrounds and lived experiences. Please check here to indicate you nd EAP students will train together.	
Please check here to co	onfirm that you understand this is a large group training.	
Agreement and Signat By submitting this appl students.	ure ication, I confirm that I understand the requirements of our Block Training	
Name (printed):		
Signature:		
Date:		
Qualifications and Profe	essional Work Experience	
	nt areas of expertise and work skills, including areas of equine studies, apy/mental health, equine assisted psychotherapy/learning, coaching, etc.	
	EAP student , please supply proof of registration as a Mental Healthcare ration/Membership with AASW, ACA, APA, AHPRA, APS, PACFA, etc.)	

Psychotherapist/Facilitator
Do you have experience as a Psychotherapist or Facilitator? If yes, please list.
Horses
Do you have any experience with horses? (beginner, intermediate, advanced, understanding of horse psychology, experience in liberty, groundwork, and ridden work – please be specific)
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Objectives
What do you hope to achieve from completing this Practitioner Training?
(wants, goals, vision, etc.)
Interest
What has drawn you to this work with horses?

Background
Have you ever seen a Counsellor/Psychotherapist? If yes, what was your experience of the therapeutic process? How long, the focus of work, usefulness?
Strengths and Talents
What do you see as your strengths/talents and underdeveloped areas/limitation? Personally and professionally?
Support
What supports you to learn and how can we best support you?

experiential learning practitioners, namely, being present, focused, professional, deeply listening, responding, attuning, being relationally oriented, and aware of one's impact on others (in relationship, including group relating). Please list your experience of participation in groups. Specifically, please outline your experience and ability to support yourself within group settings, to stay safe within discussions of personal nature and to reach out for support if needed. How did you hear about us? PLEASE NOTE: This training includes personal growth and development work, as it is a psychotherapy model and requires 'inside out learning' to understand and apply. It is not an information or knowledge-based training, rather an experiential learning process, that incorporates psychotherapy theory, principles and practice methodology. If you have experienced trauma or significant psychological issues, it does not preclude you from the training, however we will contact you to discuss your needs and the demands of the program in a phone interview/ conversation to assess suitability and approach to keeping you safe. **Psychiatric History** Have you ever received a formal psychiatric diagnosis (if so, what was the diagnosis, when was it given and what treatment have you received) **Trauma History** Please share anything about your trauma background that you feel is relevant for your participation in our training.

Attendance and active participation are vital components of this training. This is an experiential training that requires practicing the professional qualities and practices of psychotherapists and

Participation

Other	
	eel is important for us to know about you personally or professionally? xperiences, feelings, wants, etc.)
Devenent	
Payment	
sessions within 12 months fro	g is a total price of \$6,000 (plus GST). This includes 6 x (1:1) supervision om the commencement of your training. You will be required to film and receive feedback in your 1:1 supervision sessions.
If students withdraw from the credited to future training. Fe	program after commencement, course fees will not be returned or es are non-refundable.
five-day weeks of in-person tra	ices) you are agreeing to purchase includes 15 x Days of Training (3 x aining), a Training Manual, and 6 x Phone Supervision Sessions with and completed within twelve months of commencement of Day 1 of
Places sign below to indicate	you have read and agree to the above including the payment and
refund conditions.	you have read and agree to the above including the payment and
-	you have read and agree to the above including the payment and
refund conditions.	you have read and agree to the above including the payment and
refund conditions. Name (printed):	you have read and agree to the above including the payment and
refund conditions. Name (printed): Signature:	you have read and agree to the above including the payment and
refund conditions. Name (printed): Signature:	you have read and agree to the above including the payment and
refund conditions. Name (printed): Signature: Date: Changes to in-person training If the Government announces or any other crisis or widescale	a lockdown, Covid-19 restrictions in the state where this training is held, e situation which precludes the in-person delivery of the above tinue on the prescribed program dates in an Online format via
refund conditions. Name (printed): Signature: Date: Changes to in-person training If the Government announces or any other crisis or widescale program, the training will con Zoom. This will apply for the d If students withdraw from the	a lockdown, Covid-19 restrictions in the state where this training is held, e situation which precludes the in-person delivery of the above tinue on the prescribed program dates in an Online format via
refund conditions. Name (printed): Signature: Date: Changes to in-person training If the Government announces or any other crisis or widescale program, the training will con Zoom. This will apply for the d If students withdraw from the reverted to online, course fees refundable.	a lockdown, Covid-19 restrictions in the state where this training is held, e situation which precludes the in-person delivery of the above tinue on the prescribed program dates in an Online format via uration of restrictions. program after commencement, including cases where the training has
refund conditions. Name (printed): Signature: Date: Changes to in-person training If the Government announces or any other crisis or widescale program, the training will con Zoom. This will apply for the d If students withdraw from the reverted to online, course fees refundable.	a lockdown, Covid-19 restrictions in the state where this training is held, e situation which precludes the in-person delivery of the above tinue on the prescribed program dates in an Online format via uration of restrictions. program after commencement, including cases where the training has swill not be refunded or credited to future training. Fees are non-
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Intellectual Property

Enrolment and participation in the program are conditional upon the student accepting and agreeing to the following: Students do not intend to utilise any of the intellectual property provided, the EAAPI model, or their position as a student for any reason, including (but not limited to) conducting their own training in Equine or Animal Assisted Psychotherapy/ Learning or Interventions, providing content to other training organisations or any other activity not explicitly authorised by the Equine and Animal Assisted Psychotherapy Institute.

Name (printed):	
Signature:	
Date:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete, I understand and consent to the refund policy.

Name (printed):	
Signature:	

Required Texts

You will need to purchase and read the following four books (e.g. online bookstores such as Booktopia, Amazon or other bookstores):

Required Reading:

- 1. Skills in Gestalt Counselling & Psychotherapy, Joyce & Sills (2018)
- 2. Equine Therapy Exposed, M Kirby (2021)
- 3. Horses, Love & Science: The 8 Commitments, M Kirby (2023) (Publication due Nov, 2023)
- 4. Modern Horse Training, Volume One, A McLean (2022)

Recommended Reading (Not Compulsory):

- 1. An Introduction to Equine Assisted Psychotherapy, M Kirby (2016)
- The Clinical Practise of Equine Assisted Therapy: Including Horses in Human Healthcare, L Hallberg (2017)
- 3. The Equine-Assisted therapy Workbook, Leif Hallberg (2017)
- 4. Equine Behavior: A Guide for Veterinarians and Equine Scientists, Paul McGreevy (2012)

Personal Attributes of Equine Assisted Practitioners

Everyone brings their own personal attributes to their decisions and actions. These are internalised values and capacities that shape how we relate to others and to our environment and may operate consciously or unconsciously. Our personal attributes are conveyed through our communication and behaviour in our relationships with clients and colleagues. It is beneficial to be aware of and examine our own personal attributes in order to support our ethical development. Many of the personal attributes considered important in counselling and psychotherapy, and experiential learning and personal development facilitation, have ethical components. As ethical virtues are enacted through

particular behaviours, these virtues can be taught and practiced. At The Institute, the values and needed personal capacities include:

- Self-Awareness
- Other awareness relational awareness and field awareness
- Kind and respectful communication
- Understanding the significance of Somatic Awareness
- Care for others
- Courage to take choiceful risks and challenges

- Courage to take choice	erui risks and challenges
these qualities throughout you	regarding these personal attributes and your commitment to developing our interactions with the Institute, during training, and in the wider to indicate your understanding and commitment to the development of context of the training.
	in the demonstration of these personal qualities and attributes could lead om the training program, given group safety is paramount.
Please sign below to indicate Equine Assisted Practitioners	your understanding of and agreement to the Personal Attributes of
Name (printed):	
Signature:	
Date:	
Photographic / Media Consen	t
I hereby consent to the collect	cion and use of my personal images by photography or video recording.
in newsletters and publication	sed on The Equine and Animal Assisted Psychotherapy Institute website, s as well as distributed to members. I further acknowledge that my image d Animal Assisted Psychotherapy Institute and other media, to promote
I understand that no personal express consent is given.	information, such as names, will be used in any publications unless
•	sent can be withdrawn at any time in writing to The Equine and Animal ite at admin@equinepsychotherapy.net.au I give this consent voluntarily.
Name:	
Signature:	
Date:	

COVID-19 Policy and Waiver

The Equine and Animal Assisted Psychotherapy Institute has put in place preventative measures to reduce the spread of COVID-19; however, The Equine and Animal Assisted Psychotherapy Institute cannot guarantee that you will not become infected with COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to, or infected by COVID-19 by attending The Equine and Animal Assisted Psychotherapy Institute and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at The Equine and Animal Assisted Psychotherapy Institute may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Equine and Animal Assisted Psychotherapy Institute employees, studio participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at The Equine and Animal Assisted Psychotherapy Institute.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Equine and Animal Assisted Psychotherapy Institute, its owners, employees and representatives, whether a COVID-19 infection occurs before, during, or after participation in any The Equine and Animal Assisted Psychotherapy Institute program.

If I have any flu like symptoms, feel unwell, have a fever, cough, sore throat, running nose or shortness of breath, I will not attend training with The Equine and Animal Assisted Psychotherapy Institute. By signing this waiver, I agree to follow all social distancing and safety hygiene protocols implemented at the training venue.

Name (printed):	
Signature:	
Date:	

Queries

For all queries contact The Equine and Animal Assisted Psychotherapy Institute at admin@equinepsychotherapy.net.au or phone 0437 882 600.

The content of your application will be considered with the utmost respect to your privacy.

Further Information

On confirmation of your placement in the training, you will receive a **Welcome Letter** which will include further information including local accommodation options.

Please Note: The Institute reserves the right to exit students who are not a good fit for the training program, who breach the participation policy, the training agreements, or the personal qualities & behaviour expectations, as deemed by the Institute faculty and Head of Learning.