

2021 Missouri Academy for Child Trauma Studies

Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative

Sponsored by the Missouri Children's Trauma Network

Are you the team leader?

- Yes
- No

If you answered **Yes** to this question, please proceed to *Section I* on p. 2.

If you answered **No**, please proceed to *Section II* on p. 5.

Section I: Team Application (For Team Leader Only)

Team Name:

Contact Person (Team Leader):

Contact Address:

Contact Phone Number:

Contact Email Address:

Name of Team Members:

Senior Leader / Administrator:

Supervisor:

Section I: Team Application (For Team Leader Only)

Clinian I (Master's Level)

Clinician II (Master's Level)

Broker I

Broker II

Additional Team Member I:

Role of Additional Team Member I:

- Clinician
- Broker

Additional Team Member II:

Role of Additional Team Member II:

- Clinician
- Broker

Section I: Team Application (For Team Leader Only)

Please tell us why your team should be chosen for the learning collaborative

Has your organization participated in a TF-CBT Learning Community before?
(All teams will be considered, regardless of previous experience)

- Yes
- No

If yes, please provide us with an overview of how you've implemented TF-CBT, and what barriers you've encountered with implementation:

Please identify the counties that you will serve as part of this project:

Section II: Individual Application

What is your role in this Learning Collaborative:

- Senior Leader / Administrator
- Supervisor
- Clinician
- Broker

Who is your team leader:

Name:

Address:

Phone Number:

Email Address:

Employer:

Job Title:

Educational & Professional History:

Level of experience in working with children and teens who have experienced trauma:

Explanation of interest (personal and client impact):

How do you think your participation in this training will benefit the community that you serve?

Please let us know if you have any disabilities so that we can make accommodations as needed:

Section III: Requirements Page

As an applicant for the Missouri Children's Trauma Network's Trauma-Focused CBT Learning Collaborative, I agree to all of the following requirements:

- I will be able to attend all learning sessions.
- I will attend all of the conference calls for the learning collaborative that pertain to me.
- I will submit my metrics and assessment measures (as applicable) on a monthly basis.
- I will commit to this learning collaborative as a team member and as an individual.

Please sign below

X _____

Date

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