Application for MBT CYP Practitioner

To be completed by applicant

I am applying to become: ☐ Practitioner

Within the following model:

☐ Mentalization Based Treatment-Adolescents
☐ Mentalization Based Treatment-Families
☐ Mentalization Based Treatment-Children

I have an existing qualification in:

Please list the MBT trainings you have completed:

Name	
Email/Website(if you have one)	
Profession	
Country of practice	
Language of practise	
	Do you want your name to appear on the website list of MBTCYP Practitioners? ☐ Yes ☐ No
Signature	
Date:	

To be completed by 1st Supervisor

I can confirm that:	

Has:

- had at least 6 individual or 10 group supervision sessions with their work presented on 6 occasions;
- material from two cases has been discussed (MBT-C one child & one parent or/ two parents);
- I have seen video/ audio material for the two cases;
- Verbal feedback on the participant's work using the model's adherence scale has been given;
- I am in agreement with a full video/ audio recorded session being sent to a second independent supervisor along with appropriate written material for consideration of Practitioner Status.

1st Supervisor Name	
Signature	
Date	

To be completed by 2nd Supervisor

I can confirm that:	

has submitted a video/ audio recorded session along with the appropriate written material for consideration for Practitioner Status. I have provided written feedback to the participant on the submission and can confirm that their submission demonstrates core elements of a mentalizing stance and mentalizing practice for Practitioner Status for above MBT CYP model.

2nd Supervisor Name	
Signature	
Date	

Please send your completed form to MBTCYP@ANNAFREUD.ORG