



**IFS TRAINING APPLICATION**  
**For NEFESH APPLICANTS ONLY**  
**IFS Level 1 Training, Brooklyn,**  
**NY (600)**  
**Training Begins: March 22,2020**



**TO APPLY:** Please send your completed application to Alice Tusk at [alicetusk@gmail.com](mailto:alicetusk@gmail.com). Applications sent directly to IFSI cannot be processed. NEFESH will pre-select training applicants and send their applications to IFSI where they will be reviewed per IFSI's usual application process. Applicants will receive an email from IFSI about acceptance to the training. For important details about the training, please see the brochure available from Alice Tusk at [alicetusk@gmail.com](mailto:alicetusk@gmail.com).

**1. Please PRINT CLEARLY (especially if you fax it) and provide all information requested to ensure processing.**

Name:	Credentials:		
Street Address:			
City:	State:	Zip:	
Phone: (H)	(W)	(C)	
<b>Email:</b>			
<i>Email is the main way we reach you. Please <u>print clearly</u> and check email often (including SPAM folder).</i>			

Your contact information will appear on the Program Roster that is shared with those involved with the training to facilitate necessary communications. Please indicate if any of your contact information should not appear on the Roster. **Note that at least an email address and daytime phone are required.**

**2. In the spaces below, please provide three professional references (make sure they know you're listing them). A daytime phone and email are required for each.**

<b>REFERENCE 1:</b> Name:	Credentials		
Address:	City:	State:	Zip:
Phone: (H)	(W)	Email:	
<b>REFERENCE 2:</b> Name:	Credentials		
Address:	City:	State:	Zip:
Phone: (H)	(W)	Email:	
<b>REFERENCE 3:</b> Name:	Credentials		
Address:	City:	State:	Zip:
Phone: (H)	(W)	Email:	

**4. How did you hear about this training?**

**5. What was the deciding factor that made you enroll in this training?**

**6. On a separate page please describe your past experience with and interest in the IFS model, as well as your professional intentions/goals for the model. If you are not a licensed therapist, please attach your current resume or C.V.**

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Withdrawals/Refunds: Participants who wish to withdraw from the training program must do so in writing by sending an email to IFSI's Training Program Admissions and Records Manager ([training@selfleadership.org](mailto:training@selfleadership.org)). Refunds will not be made directly to participants by IFSI. Please contact NEFESH for its withdrawal and refund policy.

Admissions: IFS Institute (IFSI) reserves the right to deny acceptance to any training program applicant and to withdraw a training participant from all or part of a training program at any time if IFSI determines a participant's behavior could damage the quality of a training program. IFSI, in its sole discretion, may terminate a participant's participation at any time and, in such event, will refund tuition paid to IFSI for portions of the training the participant will not attend as a result of his/her termination.

Schedule: IFSI reserves the right to postpone, cancel or otherwise change any training program schedule prior to its beginning. At no time is IFSI responsible for training students' travel, lodging, or incidental expenses. IFSI reserves the right to substitute training staff whenever necessary without obligation to students enrolled in the training.

Photography/recording: Participants may not make audio or visual recordings of any part of any IFS training session. If occasional informal photographs or other recordings are made at gatherings related to this training (excluding in-session periods), participants agree that these photographs or other recordings may be used by IFSI for purposes related to its mission.

Dual/Multiple Relationships: IFS Institute, Inc. (IFSI) is committed to doing everything possible to maintain the safety and ethics of its highly experiential Internal Family Systems<sup>SM</sup> (IFS<sup>SM</sup>) training programs. To that end, IFSI is sensitive to the potential difficulties of any type of dual/multiple relationship between trainer and participant, or participant and participant. Therefore, IFSI recommends that you review the roster for your program (IFSI will email it to you prior to the start of your program) and determine if you are in an unworkable dual/multiple relationship with anyone. If you are in an unworkable dual/multiple relationship with someone, particularly supervisory or therapeutic, IFSI advises you to speak with that person before beginning the training. IFSI acknowledges that dual/multiple relationships need to remain confidential and thus IFSI cannot be held liable for their existence in its training programs. In order to respect the confidentiality of your dual/multiple relationship, please address the situation directly. It is the responsibility of the therapist in a therapist-client dual/multiple relationship, and of the supervisor in a supervisor-supervisee dual/multiple relationship to address the situation. Different states, provinces, and other governmental jurisdictions may have different policies regarding dual/multiple relationships for counselors, therapists, and other professionals for whom dual/multiple relationships may exist. Therefore, training participants are expected to take responsibility for checking with their particular and applicable governing policies, and for adhering to the professional standards for dual/multiple relationships outlined therein. Participants in IFSI trainings are also expected to adhere to the governing policies of their professional disciplines regarding dual/multiple relationships. If a Lead, Co-Lead, Guest or Assistant Trainer, or an Assistant Trainer Mentee believes that s/he has an unworkable dual/multiple relationship with a training applicant, the training applicant may not enroll in this particular training.

**Signature Required:** By signing or typing your name below you (1) acknowledge that you have read and understand the policies about withdrawals/refunds, admissions, schedule, and photography/recording, and the contents of the brochure for this training ([www.selfleadership.org](http://www.selfleadership.org)); and (2) acknowledge that you have read and understand the risks of entering into Internal Family Systems<sup>SM</sup> training with a dual/multiple relationship (above), take full responsibility for any issues that may arise in regard to dual/multiple relationships, and that any dual/multiple relationship issue does not exempt you from fulfilling your payment agreement as specified above.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

- Before submitting your application to NEFESH, please:**  
**(1) make sure it's complete and signed – incomplete or unsigned forms can't be processed.**  
**(2) make a copy for your tax and other records.**