



# BERKELEY MENTAL HEALTH

## Clinical Services Training Program Trainee/Intern Application

Applications from all candidates except those applying for a CAPIC internship may be submitted for consideration after January 1. All those applying for a CAPIC internship must follow the CAPIC requirements, deadlines, and Uniform Notification procedure. Please refer to the CAPIC website for the exact dates. The first round of interviews will start in January as applications are received.

The Clinical Services Training Program positions vary depending on programs but typically are from September through August and require a 20-hour or more per week commitment. You will need to complete this form and return it along with your most recent resume. Additionally, two (2) signed recommendation letters are required. Please include all requested materials in one packet. Incomplete packets may not be considered. **Mail all applications to:**

Babalwa Kwanele, LMFT  
Mental Health Clinical Supervisor/Intern Coordinator  
3282 Adeline Street, Berkeley, CA 94703

Please fill in the following information and submit as the cover sheet to your application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

***For what training year are you applying***

College/University \_\_\_\_\_  Practicum I  Practicum II  Practicum III  
Attending \_\_\_\_\_  Pre-Doc  
What academic year \_\_\_\_\_  
will you complete by \_\_\_\_\_  
the fall? \_\_\_\_\_ When do you anticipate \_\_\_\_\_  
graduating? With what \_\_\_\_\_  
degree? \_\_\_\_\_

Check all that apply. If you choose more than one program, please enter your first choice here: \_\_\_\_\_

To which program are you applying?  FYC Outpatient  Berkeley High Health Center  Berkeley Schools  
 Crisis Services  Adult Services

**TO BE FILLED OUT BY TRAINING STAFF ONLY:**

Application complete?  Yes  No Date completed: \_\_\_\_\_  
Sent for interview:  FYC  BHS  BS  Mobile Crisis  Adult Svcs.  
Date: \_\_\_\_\_  
Interview Date/Time: \_\_\_\_\_ Interviewers: \_\_\_\_\_  
Outcome:  Yes  No  Maybe  Withdraw  Decline  
Date Offered: \_\_\_\_\_ RSVP Due: \_\_\_\_\_

***A Vibrant and Healthy Berkeley for All***

## **LANGUAGES**

List all languages that you speak and indicate your degree of proficiency and experience providing therapy for each. If you have provided therapy in that language, write the amount of time you provided therapy in that language.

<b>LANGUAGE</b>	<b>SPEAK</b>	<b>UNDERSTAND</b>	<b>PROVIDE THERAPY</b>

## **CLINICAL EXPERIENCE**

You will need to submit two letters of recommendation on their agency letterhead preferably in a sealed envelope. Please include clinical references. If you do not have a clinical experience yet, you may include references from faculty who know your academic work. Please make sure that your letters are signed. If you are emailing the packet, you can scan the signed letters to include in the packet.

## **GENERAL INFORMATION**

Please respond to each question on separate paper. Please limit your responses to **one-page** for each question

1. Write a biographical statement addressing your interest in becoming a psychotherapist, including your interest in becoming a service provider in community mental health. What is your experience working with severely mentally ill or severely emotionally disturbed consumers? How will you incorporate the concepts of wellness and recovery into your work as a provider?
2. Write about a meaningful cross-cultural interaction with someone different from yourself. What happened? What was the result of the interaction? What did you learn about yourself and the other person?