



Exceptional circumstances application to train

You are required to meet full eligibility criteria, as outlined on emdraa.org to train in EMDR therapy with an EMDRAA Accredited Trainer. Under some circumstances, as outlined below, you may apply to train if you do not meet all eligibility criteria. The procedure for applying to train under exceptional circumstances is to complete this form, accompanying letter and requested attachments, and email them to: accred@emdraa.org The Chair of the EMDRAA Accreditation and Standards Committee will take your application to the Committee for review and you will be notified of their decision via a return email.

Name of Applicant: _____

Please answer the questions below:

Have you completed an approved mental health degree? (see: <https://emdraa.org/are-you-eligible/>)

Yes

No (Currently you are not eligible as this is a firm requirement for training)

Can you provide evidence of training in traumatology - both content and clinical skills?

Yes

No (Currently you are not eligible as this is a firm requirement for training)



Are you fully registered with a mental health professional association?

Yes

No (If you are currently working towards registration or have registration in another area, and have an ongoing clinical supervisor please see below)

Have you had at least 2 years recent experience of working in a mental health clinical setting/role?

Yes

No (If you are currently working towards registration and have an ongoing clinical supervisor please see ~~see~~ below)

Have you got the support of your employer and / or clinical supervisor?

Yes

No (Currently you are not eligible as this is a firm requirement for training)

ASC Review date: _____ Outcome: Approved/ Not Approved

Conditions of approval: Yes/ No (underline)

If condition of approval, please note: _____

If not approved, provide reason:

In addition to the form above, please provide a letter addressing the following
(Please number the items in your letter for ease of understanding)

1. Reasons you wish to apply to train prior to completing your registration or studies.
2. Current registration status (in Australia or elsewhere) including organization and level (if appropriate)
3. Professional indemnity insurance: As professional indemnity insurance is a requirement of the EMDRAA accepted registration bodies, if you have noted that you do not hold full registration/ membership of same, please provide details of your professional indemnity insurance.
4. Qualifications in mental health. Note: If you answered no to having completed an EMDRAA accepted mental health degree, please note your degree, year completed, <https://emdraa.org/are-you-eligible/> and the university level subjects/ units completed that relate to mental health assessment, diagnosis, conceptualisation, or intervention skills, or any subjects/ units specifically related to trauma.
5. Number of years of clinical experience working in a mental health setting (direct client contact as your primary role) and any relevant training in traumatology and mental health that you have completed.
6. If your registration is held overseas or with a registration body not accepted by EMDRAA, please outline your current registrations and the professional development requirements associated with same. Please describe why you feel your registration levels are equivalent to those accepted by EMDRAA.
7. Details of ongoing clinical supervision, and the frequency of same.

In addition to your letter of application, please attach:

- A current CV to support this application
- A letter of support from your current clinical supervisor, outlining that they support your application for EMDR training
- A letter of support from an EMDRAA consultant who is committed to supporting you to complete your basic training. A list of EMDRAA consultants is available at emdraa.org. A template for this letter of support and consultation commitment is provided in the following page.



Acknowledgement of availability for 10 hours consultation as part of EMDRAA Accredited Basic Training

This agreement is for applicants who do not fulfil all EMDRAA eligibility criteria but have been conditionally approved by the EMDRAA Accreditation and Standards Committee for training with this agreement in place

I _____ have availability to consult with _____
(consultant name) (applicant name)

with 10 hours of consultation as they undertake an EMDRAA accredited consultation program.

I _____ agree to participate fully in consultation with _____
(applicant name) (consultant name)

and attend the 10 hours of consultation throughout the period of basic training to ensure responsible practice and application of the training.

Signed: _____
(Applicant) (Consultant)

Date: _____ Date: _____