**GIM Level II Application**

Name:       Today's Date:

Street or Mailing Address:

City:      State:       Zip Code:

Home Phone #:      Work Phone #:

Cell Phone #:

E-mail Address:

Special Dietary Needs:

Other Special Needs:

**Level I (Introductory) Training**

Dates:

Location:

Trainer(s):

**Please request that your Level I Primary Trainer forward a letter recommending that you continue into Level II training in GIM and outlining any additional requirements prior to Level II (e.g., personal sessions, academic training, clinical experience, etc.)**

Date Reference Requested:

Previous academic degree(s) earned, date(s) conferred, and granting institution(s):

List courses completed that are related to mental health:

Professional credentials (e.g., MT-BC, LPC, LCSW, etc.):

Professional clinical mental health experience with adults:

List the dates, location, and name of the GIM therapist for each personal Bonny Method session experienced. At least two sessions must have occurred following Level I training. If you have completed a series with the same therapist, you may group those sessions together. (Note: **Minimum 5 sessions required**, including those during Level I training)

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| --- | --- | --- |
| **Date(s)** | **Location** | **Therapist/Trainee**  |
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1. Briefly describe your reasons for pursuing professional training in the Bonny Method of Guided Imagery and Music (GIM).

1. What factors have influenced your decision to pursue GIM at this time?
2. What are your short-term and long-term career objectives?
3. What personal qualities do you possess or experiences have you had that contribute to your readiness to prepare for in-depth clinical work?
4. What personal qualities or experiences do you most need to prepare you for in-depth clinical work?

**Please submit completed questionnaire as an email attachment to** **mckinneych@appstate.edu**

**In addition, ask that your Bonny Method therapist from your two most recent sessions submit the Bonny Method Therapist form found on the next page in support of your proceeding in GIM training at this time.**

**Make checks payable to “Hayes School of Music” and submit to the following address:**

Bonny Method of GIM

Hayes School of Music

 Appalachian State University

 Boone, NC 28608

**Bonny Method of GIM Therapist Form**

**To Be Completed By the Trainee:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that my personal GIM therapist,

 Name of Trainee (printed or typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ complete the following and submit to Cathy McKinney and the

 Name of Therapist (printed or typed)

Appalachian State University GIM Training Program in support of my proceeding into professional training at this time.

**To Be Completed By the GIM Therapist for Personal Sessions:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that

 Name of Therapist (printed or typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed \_\_\_\_\_\_ of full Bonny Method

Name of Trainee (printed or typed) #

Sessions and \_\_\_\_\_ modified sessions (e.g., shortened, MI, nonclassical music) and

 #

□ Is OR □ Is not open to all components of the GIM process

□ Is OR □ Is not open to the music in the GIM process

□ Does OR □ Does not fully engage with the imagery and metaphor in the GIM process

□ Is OR □ Is not able to move into various states of consciousness in the GIM process

□ Is OR □ Is not diligently addressing the personal issues and the goals of his/her personal therapy.

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Therapist Date