

MARRIAGE AND FAMILY THERAPY PROGRAM

APPLICATION FOR ADMISSION

**2011 APPLICATION PERIOD:
MARCH 1 - 31, 2011**

Note: Not for use by current Occasional Status Students wishing to change to Regular Certificate Status. Please use separate form available from the Aurora Family Therapy Centre offices.

A Graduate Studies Program of The University of Winnipeg
In Partnership With
Aurora Family Therapy Centre

515 Portage Avenue, Winnipeg, MB R3B 2E9
Registration information: 204 786-9466, s.reid@uwinnipeg.ca

Program information: 204 786-9156, m.warmbrod@uwinnipeg.ca

APPLICATION PROCEDURES AND PRINCIPLES

PROCEDURE

Please examine the program calendar for information regarding certificate and degree programs and the various student classifications. All documentation must be submitted to the Faculty of Graduate Studies (room 3C02A).

All applicants complete the attached "Application for Admission" form. Applicants who are applying for the first time to be either a Certificate or a Masters student must apply during the March registration period (Mar 1-31) and, in addition to the attached reference forms, must provide:

1. Official academic transcripts for all previous academic work, whether having graduated from the Institution or just having taken courses there. A 3-year Bachelors degree is the minimum requirement; additional points are awarded for 4-year and Honours Bachelors degrees or prior Masters degrees. Related training (e.g a Counselling Certificate) also earns bonus points.
2. The application fee: \$75.00
3. A Resume: Ideally the resume will give evidence for two or more years of employment, volunteer work, or related experiences connected to therapy and/or with families.
4. An Essay: A brief autobiography (2 – 5 pages) including events and relationships that shaped the applicant's development; a description of her/his immediate family, health and educational history; and family experiences that helped shape the applicant's view of families. The applicant's capacity to be self-reflective will be evaluated, not the content of the life experience.

PRINCIPLES GUIDING THE APPLICATION PROCESS

Admission procedures must be fair and not discriminate on any grounds other than those presented in the program calendar.

Applicants are ranked by points that are allocated in the following categories:

1. Previous academic performance as shown on transcripts is considered (20 points maximum depending on degree completed; 20 points maximum for GPA).
2. Experiences in the field contribute to the strength of the application (20 points maximum).
3. Letters of reference endorsing the applicant are important (15 points maximum: 9 point maximum for completed reference forms; additional points for referees' personal comments or letters).
4. Ability demonstrated through an autobiography to reflect on self and recognize family processes is important (20 points maximum).

BONUS POINTS

5. Bonus points are given for fluency in the language(s) of a Manitoba population group that needs family therapy services (10 points maximum).
6. Bonus points may be given to an applicant that will help the Faculty meet a program need, e.g., solving a gender imbalance problem (10 points maximum).
7. Successful completion of courses in the MFT program strengthens the application for regular student status (20 points maximum).

Applicants with the highest number of points are accepted in descending order until vacancies are filled. If there is a tie, applicants are pooled and selected by draw.

THE MARRIAGE AND FAMILY THERAPY PROGRAM APPLICATION FOR ADMISSION

Received by The University of Winnipeg, Faculty of Graduate Studies, Room 3C02A
515 Portage Avenue, Winnipeg, MB R3B 2E9 204 786-9466
Fax: 204 774-5519 Email: s.reid@uwinnipeg.ca

PROGRAM REQUESTED ✓		
Masters Degree	Theory Certificate	or Therapy Certificate

CURRENT STATUS: New Applicant (\$75.00 fee)
Special / Other (fee not required)

PERSONAL AND DEMOGRAPHIC INFORMATION

NAME (last/first) _____

HOME ADDRESS _____ POSTAL CODE _____

WORK ADDRESS _____ POSTAL CODE _____

PHONE NUMBERS (H) _____ (W) _____ (Cell) _____

BIRTH DATE _____ EMAIL _____

CITIZENSHIP Canadian Citizen Landed Immigrant International Student GENDER M F

OCCUPATION _____

LANGUAGES IN WHICH YOU ARE FLUENT (Other than English) _____

EDUCATION	DEGREE / CERTIFICATE EARNED	GRADUATION DATE
INSTITUTION _____		
INSTITUTION _____		
INSTITUTION _____		
INSTITUTION _____		

Your application is not complete until we receive official transcripts for all previous academic study (whether having graduated from the Institution or just having taken courses there) **NOTE:** If any documentation submitted is under a different name than your application, "Proof of Name Change" form will also be required.

CLINICAL TRAINING

Centre	Supervisor	Dates

DECLARATION (please read and sign/date below)

I Declare that all statements made with respect to this application are true and complete. I agree, if admitted, to comply with the regulations of The University of Winnipeg, Marriage and Family Therapy Program.

Please read the following information carefully. The declaration must be signed and dated before your application can be submitted. All relevant information (including ALL reference to previous post-secondary education), supporting documentation, and the non-refundable application fee must be submitted with this application. Registration at a post secondary institution subsequent to the submission of this application must be declared in writing.

Protection of Privacy

Personal information collected on this form will be utilized by the University of Winnipeg for admission and registration purposes. It is collected under the general authority of the *University of Winnipeg Act*, and in conformity with the Manitoba *Freedom of Information and Protection of Privacy Act*.

The information will be used to admit you as a student, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, athletics, voting in elections, counseling and health services). It will also be used for accounting and correspondence purposes related to admission and registration, and may be employed in the determination of eligibility for student awards. Information regarding graduation and awards may be made public. Elements of your personal information may also be provided to University Relations to inform you of University and community events, and for alumni contact purposes. Finally, personal information may be used to conduct research into University enrolment and related statistical profiling activities.

Your personal information is protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information please contact:
Shelly Reid, Faculty of Graduate Studies, Room 3C02A, The University of Winnipeg, 515 Portage Ave, Winnipeg, MB R3B 2E9 Phone: (204) 786-9466 Email: s.reid@uwinnipeg.ca

- I declare that I have read and understood the information on this application, and that all statements made with respect to this application are true and complete. I agree, if admitted, to comply with the regulations of **The University of Winnipeg**.
- I consent to the disclosure of information on this application to other educational institutions to verify my statements and academic qualifications.
- I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of the acceptance and registration, or dismissal from the University.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.
- I authorize my high school/university to release my academic record(s) should the need arise to accelerate the processing of this application.

Date _____ Signature of Applicant: _____

FOR OFFICE USE ONLY:

Receipt #: _____
Date: _____
Initials: _____

Date Received: _____ Amount: _____ Cash Cheque

MARRIAGE AND FAMILY THERAPY PROGRAM
Reference Letter #1 (from an academic advisor or other person with information on your capacity to do Masters level academic work)

Please help our Marriage and Family Therapy Faculty assess the applicant listed below for a position in our program. The applicant is asking admission to the Master of Marriage and Family Therapy Degree or Marriage and Family Certificate Program. Please return this reference to the MFT Program Director, c/o The Faculty of Graduate Studies, Room 3C02A, The University of Winnipeg, 515 Portage Avenue, Winnipeg, Manitoba R3B 2E9.

NAME OF APPLICANT _____

DATE BY WHICH THIS REFERENCE SHOULD BE RETURNED _____

Please rank the applicant relative to students in a Masters Degree program using the following classifications for each item: [4] outstanding (upper 10%), [3] above average (upper 20%), [2] average (upper 40%), [1] below average, [X] Unable to judge.

- Personal maturity, appropriate for training as a family therapist
- Ability to do imaginative problem solving in human relationships
- Ability to think critically
- Presentation of self as industrious and persevering
- Ability to maintain professional standards of practice as a therapist
- Verbal and written communication
- Overall evaluation of applicant's academic ability relative to similarly trained persons

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Name of Referee (Please Print)

Signature

Date

Address

You may use the back of this form for additional comments or attach a letter of reference.

MARRIAGE AND FAMILY THERAPY PROGRAM

Reference Letter #2 (from an employer or supervisor)

Please help our Marriage and Family Therapy Faculty assess the applicant listed below for a position in our program. The applicant is asking admission to the Master of Marriage and Family Therapy Degree or Marriage and Family Certificate Program. Please return this reference to the MFT Program Director, c/o The Faculty Graduate Studies, Room 3C02A, The University of Winnipeg, 515 Portage Avenue, Winnipeg, Manitoba R3B 2E9.

NAME OF APPLICANT _____

DATE BY WHICH THIS REFERENCE SHOULD BE RETURNED _____

Please rank the applicant relative to students in a Masters Degree program using the following classifications for each item: [4] outstanding (upper 10%), [3] above average (upper 20%), [2] average (upper 40%), [1] below average, [X] Unable to judge.

- Personal maturity, appropriate for training as a family therapist
- Ability to do imaginative problem solving in human relationships
- Ability to think critically
- Presentation of self as industrious and persevering
- Ability to maintain professional standards of practice as a therapist
- Verbal and written communication
- Overall evaluation of applicant's academic ability relative to similarly trained persons

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Name of Referee (Please Print)

Signature

Date

Address

You may use the back of this form for additional comments or attach a letter of reference.

MARRIAGE AND FAMILY THERAPY PROGRAM

Reference Letter #3 (from a person chosen by you)

Please help our Marriage and Family Therapy Faculty assess the applicant listed below for a position in our program. The applicant is asking admission to the Master of Marriage and Family Therapy Degree or Marriage and Family Certificate Program. Please return this reference to the MFT Program Director, c/o The Faculty of Graduate Studies, Room 3C02A, The University of Winnipeg, 515 Portage Avenue, Winnipeg, Manitoba R3B 2E9.

NAME OF APPLICANT _____

DATE BY WHICH THIS REFERENCE SHOULD BE RETURNED _____

Please rank the applicant relative to students in a Masters Degree program using the following classifications for each item: [4] outstanding (upper 10%), [3] above average (upper 20%), [2] average (upper 40%), [1] below average, [X] Unable to judge.

- Personal maturity, appropriate for training as a family therapist
- Ability to do imaginative problem solving in human relationships
- Ability to think critically
- Presentation of self as industrious and persevering
- Ability to maintain professional standards of practice as a therapist
- Verbal and written communication
- Overall evaluation of applicant's academic ability relative to similarly trained persons

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Name of Referee (Please Print)

Signature

Date

Address

You may use the back of this form for additional comments or attach a letter of reference.