



**The Baby Fold**  
108 East Willow Street  
Normal, IL 61761  
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## **Attachment and Trauma Fellowship and Certification Program Application**

**Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Graduate Degree:** Click or tap here to enter text.

**GPA:** Click or tap here to enter text.

*Please answer the following questions, keeping within the maximum words for that question:*

1. What interests you about this fellowship? (200 words): Click or tap here to enter text.
2. Describe your personal attachment style and how it interacts with your work within the profession of complex trauma treatment? (200 words): Click or tap here to enter text.
3. What training have you received regarding attachment? (50 words): Click or tap here to enter text.
4. What training have you received regarding trauma treatment (50 words): Click or tap here to enter text.
5. What would your clinical supervisor say regarding your work ethic? (50 words): Click or tap here to enter text.
6. What are your self-care habits? (50 words): Click or tap here to enter text.
7. What would you like to get from this program? (50 words): Click or tap here to enter text.
8. How do you see yourself contributing to this program? (50 words): Click or tap here to enter text.

Once the application is completed, save the file to your computer and email to Dr. Kathleen Bush, Associate Director of Clinical Services, at [kbush@thebabyfold.org](mailto:kbush@thebabyfold.org).

Thank you for your interest.