

#### APPLICATION FOR THERAPY THROUGH THE GOLDEN GIVING PROGRAM

## What is the Golden Giving Program?

The Golden Giving Program is provided through Broken Gold Counseling to help make therapy more accessible to those who need it regardless of economic status, and to strengthen the power of the community through donation-based services. Presently, the only service offered through this program is Accelerated Resolution Therapy.

## What is Broken Gold Counseling?

Broken Gold Counseling is a Calgary-based therapy private practice established in 2019. Broken Gold Counseling specializes in working with adolescents, adults, and couples through cognitive behavioral therapy, dialectical behavioral therapy, and accelerated resolution therapy. Broken Gold Counseling is founded on the philosophy of kintsugi, the Japanese art of repairing broken pottery with gold. Through this practice the repaired piece becomes a work of art with its cracks now lined with gold. Just like the repaired pottery, people can find beauty through their healing journey.

# How do I apply?

Please complete the following application and return it to <a href="mailto:audra@broken-gold.com">audra@broken-gold.com</a>. Once your application is received and processed you will be contacted to let you know of availability and to schedule an initial consultation.

# Are there any requirements to receive services through this program?

Yes. Services are offered on a donation basis. A minimum \$25 donation is required per session. Donations are to be made to selected community charitable organizations. Presently, donations are to be made to the Breaking Free Foundation. You may donate directly to the organization <a href="here">here</a>, or you may pay your \$25 at the time of your session and Broken Gold Counseling will make the donation on your behalf and provide you a receipt.

PART 1 – APPLICANT INFORMATION	
Last Name	First Name
Preferred Name	Pronouns

Date of Birth	(dd-mm-yyyy)	Permanent Home Address
Telephone N	umber	Email Address
PART 2 – API	PLICANT QUESTIONS	
1.	Please tell us how you think traum	a therapy will help you.
2.	Have you received trauma therapy	before and what was that experience like for you?
3.	What have been some of the barric trauma therapy?	ers that have made it challenging for you to access

4. Is there any additional information you think would be helpful for us to know?			
PART 3 – DECLA	ARATION		
The information	n I have provided in this	s application and supporting documentation is true,	
accurate, and complete.			
Applicant Signa	ature and Date		
	F	PRIVACY STATEMENT	
The information	n you provide will be ke	pt confidential, within the limits of confidentiality,	
whether or no	t we can offer you servio	ces at this time.	
FOR OFFICE USE			
Above application	: Approved	Not Approved	
16			
Initial Consultatio	n completed on:		
ART Session book	ed for:		