

ADVANCED TRAINING COURSE IN PROFESSIONAL SUPERVISION CONDUCTED BY SUPERVISIONWA

APPLICATION FORM (places are limited)

Name:

Date:

Postal Address:

Post Code:

Mobile Phone:

Home Phone:

Work Phone:

Email:

Profession:

Experience as Practitioner (years):

Experience as Supervisor (years):

Supervision Received (total hours):

Qualification:

Institution:

Year:

Qualification:

Institution:

Year:

Current Position:

Organisation:

Is your course fee paid by your workplace?

Yes

No

Reasons for wanting to train as a supervisor (20-50 words):

Special Needs:

Deposit of \$200 paid by (please tick):

Cheque

Cheque to be made payable to *Supervision Training WA*

EFT

Date of direct deposit:

Bank details for EFT:

Bankwest BSB 306-046 Account Number 0237132

Account Name: *Supervision Training WA*

Acceptance of Terms and Conditions (please tick)

I have read, understood and accept the terms and conditions of registration, including the cancellation policy, as outlined on the SupervisionWA website (www.supervisionwa.com.au). (Please request a copy of the Terms and Conditions if unable to access the website).

Signature:

Where did you hear about the SupervisionWA training course?

Prior to posting your application form, please check that all questions have been answered fully.

Post your completed Registration Form with payment or payment details to:

SupervisionWA, 10/100 Stirling Highway, North Fremantle 6159