

Institute of Therapies for Emotional Transformation
PROFESSIONAL DEVELOPMENT SANDTRAY THERAPY
TRAINING COURSE
APPLICATION FORM

NAME:

POSTAL ADDRESS:

..... POST CODE:

PHONE: Home Work Mobile

E-MAIL ADDRESS:

OCCUPATION:

YOUR REASONS FOR DOING THE TRAINING:

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ARE YOU CURRENTLY PRACTICING AS A COUNSELLOR/THERAPIST? IF NOT DO YOU PLAN TO?

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PROFESSIONAL QUALIFICATIONS (related to counselling):

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PREVIOUS EXPERIENCE WITH SANDPLAY- personal &/or professional:

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WHAT PERSONAL OR PSYCHOLOGICAL GROWTH WORK HAVE YOU DONE PREVIOUSLY, OR ARE YOU INVOLVED IN NOW?

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FURTHER COMMENTS OR ANY OTHER INFORMATION REGARDING YOUR PHYSICAL, EMOTIONAL, OR MENTAL STATE OF HEALTH:

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ANY SPECIAL FOOD REQUIREMENTS?

Please complete the application form and return with payment details to:

The Institute of Therapies for Emotional Transformation 90 Warragal Rd, Turramurra 2074
or email to: karen@emotional-transformation.com.au

Cheque Enclosed Deposit of \$500 Full payment of \$2,500
cheques payable to "Karen Daniel"

Direct Deposit Deposit of \$500 Full payment of \$2,500
BSB: 032089 A/C No: 242677 A/C Name: Karen Daniel

Charged to Credit Card Deposit of \$500 Full payment of \$2,500

Visa Mastercard Credit Card Number _____

Expiry date _____ Cardholders Name _____

Cardholders Signature _____

N.B. Deposit is non-refundable after the course commencement date

If paying in installments:

- \$500 deposit
- \$500 due at each training workshop

Payments will be fully refunded if:

- you decide not to participate provided the facilitator has been notified at least *one week* prior to the commencement of training course;
- the facilitator decides that the course is not suitable for your participation;
 - for any reason the course is cancelled.

SIGNATURE: DATE: