

ADMISSION APPLICATION FORM SHORT COURSES

PERSONAL DETAILS

1. Name

Title	Last Name	First Name	Middle Name

2. Address for Correspondence

Number and Street Name		
Suburb	State	Postcode
Home Telephone No.	Work Telephone No.	Mobile No.
Home Email	Work Email	

3. Course

COURSE NAME	DATES	FEE	TICK
Working with Family Systems	28 February and 6, 13, 20 March	\$300	
Bereavement Counselling	4, 11, 18 & 25 September	\$300	
Drug and Alcohol Counselling	16, 23 & 30 October and 6 November	\$300	
Interaction Group Work	24 July – 13 November 30 & 31 August - Residential Weekend 25 & 26 October – Non-residential weekend weekend costs included in fee	\$1,200	

Where did you find out about The Institute of Counselling's courses?

For example: press, web, faculty, previous student, other: _____

4. Payment

- Please make out cheques and money orders to Institute of Counselling.
- Credit Card Authorisation:

Please debit my MasterCard or VISA for the sum of \$ _____

Name as it appears on card _____

Card Number _____

Expiry date ____ / ____

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Signature

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Date

Please forward your completed application to:

The Institute of Counselling
Locked Bag 2002 Strathfield 2135
Fax: 02 9746 3059
Email: admin@instituteofcounselling.org.au