APPLICATION TO ATTEND CERTIFICATION TRAINING

Please complete this form and return it to the Glasser Australia Office. gaadmin@glasseraustralia.com.au

PART 1 **Intention to complete Certification and Payment of Deposit**

PARTICIPANT DETAILS

Surname: _____ Given Name: _____

Address: _____ State:/Postcode _____

Phone (Hm): _____ Phone (Wk): _____

Email: _____ Mobile: _____

	TRAINING HISTORY Participants must have completed their Advanced Practicum and have a Certificate of Completion or verification from their Advanced Practicum Supervisor.		
Location of BIT		**Dates of BIT**	
Name of BIT Instructor			
Location of AIT		**Dates of AIT**	
Name of AIT Instructor			
	ADVANCED PRACTICUM DETAILS		
Name of Advanced Practicum Supervisor		**Location**	
Completion Date of Advanced Practicum		**No. of participants**	
Participant's Signature:	**Date:**		

SELF EVALUATION AND COVERIFICATION OF READINESS TO ATTEND CERTIFICATION

1. This provides important information to help the Certification Instructor be more aware of the applicant's needs during Certification training.
2. The following self- evaluation and co-verification of the applicant's knowledge and skills in Choice Theory, Reality Therapy, Lead Management is to be completed by the applicant and supervisor.
3. This an important contribution to the maintaining the quality of Glasser Australia training.
4. You may each wish to provide further information on a separate page.

Both supervisor and applicant indicate where each believes the applicant is on the continuum:

Role Play Skills

In Progress_____Competent_____Quality

Self-evaluation skills

In Progress_____Competent_____Quality

Integration of Choice Theory concepts

In Progress_____Competent_____Quality

Understanding and use of the Chart

In Progress_____Competent_____Quality

Supervisor: I believe that this applicant is ready to attend Certification Training ❒ Yes

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If the applicant' will not be ready by the stipulated date please outline, how do you as Practicum Supervisor, intend to support or facilitate continued development for Certification at a later date?

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Supervisor's Signature: …… Date: ……

Applicant: Please provide a brief precis of your Quality Work

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I have read and discussed with my Supervisor the co-verification above of my learning and plans and believe I am ready for the Certification training planned for _____

Applicant's Signature: …….. Date: ……

EVIDENCE OF ADVANCED PRACTICUM COMPLETION

Part 1: Completion of Pre-requisite Study

❒ Copy of Advanced Practicum Certificate attached

OR

❒ Advanced Practicum Supervisor's Endorsement:

I, _____ verify that _____
(AP Supervisor) *(Participant's Name)*

completed their Advanced Practicum requirements

Signed: _____ *(AP Supervisor)* Date: _____

Part 2: Time Requirement

Should the time frame between completion of the Advanced Practicum and participation in a Certification Week exceed 6 months, participants are required to review with a Practicum Supervisor to refresh their knowledge and skills by completing the **Practicum Learning Guide** (Learning Instrument for Practicum Self Evaluation and Co-verification) which can be obtained from Glasser Australia.

❒ The time elapsed since the Basic Intensive Training is at least 18 months.

❒ Time since the **completion** of the Advanced Practicum is 6 months or less

OR

❒ The time elapsed since the Basic Intensive Training is at least 18 months.

❒ I have completed a review of the Practicum Learning Guide with a Practicum Supervisor as verified below:

I, _____ can verify that
(AP Supervisor)

_____ has completed a review of the Practicum Learning Guide.
(Participant's Name)

Signed: _____ *(Practicum Supervisor)* Date: _____