

PUBLISH AGREEMENT FORM

To ensure that we comply with the Federal Privacy Act, we are seeking your written permission to publish your name, contact information and photo (where appropriate) on the **Glasser Australia Website**.

If you are an Instructor or Practicum Supervisor your name and contact information would be published to provide information to potential trainees seeking training in Choice Theory, Reality Therapy and Lead Management.

- If you are a contact person for those potentially seeking training, the published information would be for those persons to contact you to arrange training.
- If you are a Board Member or Regional Coordinator, published information would serve the purpose of providing a point of contact for persons to contact you so that you may carry out your role of serving their needs in your official capacity.

Information Agreed to have Published (as outlined above)

Name: _____

Address: _____

State: _____ Postcode: _____

Home Phone: _____ (Wk): _____

Mobile: _____ Fax: _____

Email: _____

Please circle level of training: BIW AIW CERT PS TRAINER

Permission to publish name: YES NO

Permission to publish photo: YES NO

Signature: _____ Date: _____

OFFICE USE ONLY		
<input type="checkbox"/> Update Database	<input type="checkbox"/> Training Level Confirmed	<input type="checkbox"/> Current Membership Confirmed
<input type="checkbox"/> Update Excel	<input type="checkbox"/> Update Outlook	<input type="checkbox"/> Update Website

Glasser Australia (GA) Responsible Person Form

C:\Users\Paula Baxter\Desktop\Glasser Australia\GA Board\Policies\GA Responsible Persons Form Version 2019 20