



ADVANCED PRACTICUM COMPLETION TRAINING FILE

Participant: Please complete this form at your last Practicum meeting and return to Supervisor in order for your training file to be updated.

Supervisor: Please collect and forward completed forms to the Glasser Australia Office within 7 days of completion of the Practicum.

If all participants do not finish at the same time, please forward individual forms when completed

PERSONAL DETAILS (PLEASE PRINT)

Surname		Given Name	
Street		Suburb	
State		Postcode	
Home Ph		Work Ph	
Mobile		Fax	
Email	j	s	m
	i	t	h
	@	n	e
	w	s	p
	a	c	e
	.	n	e
	t	.	a
	u		

TRAINING DETAILS

Practicum Supervisor's Name		Location	
Dates of Practicum		Total No of Hrs	

PARTICIPANT FEEDBACK

PERSONAL LEARNING:

What were the 3 most valuable insights/learnings you gained?

Books studied during Advanced Practicum:

Please give a summary of your Quality Work:

How has this been of benefit to you?

PRESENTATION

In what way/s did the Supervisor contribute to the quality of the Advanced Practicum training?

Which activities/ experiences /components led to your most useful learning in the Advanced Practicum training?

GLASSER AUSTRALIA

Is there anything the Supervisor and/or Glasser Australia can do to improve the quality of the Advanced Practicum training?

Please rate your overall satisfaction with your Advanced Practicum training

1 _____ 5
Not satisfied Very satisfied

Are you planning to register for Certification?

YES NO

Participant's Signature

Date :

PRACTICUM SUPERVISOR'S CONFIRMATION OF REGISTRATION FOR ADVANCED PRACTICUM

Practicum Supervisor must sign below that participant has registered and paid for Advanced Practicum Supervision.

I _____ support this application from _____.

As Supervisor, I have discussed fully with the participant the requirements necessary prior to successful recommendation as an applicant for CTRT Certification.

Signed: _____ Date: _____

STUDENT'S CONFIRMATION OF REGISTRATION FOR ADVANCED PRACTICUM

I _____ confirm that I have committed to and paid for registration as an Advanced Practicum student with _____ who is currently a registered Practicum Supervisor with Glasser Australia.

I have discussed fully with my supervisor the Advanced Practicum requirements. Together we have outlined my learning goals and acknowledge these along with my skills will be the focus of further development throughout the Practicum.

I confirm that I understand clearly that all requirements must be fulfilled, prior to successful recommendation as an applicant for the program leading to Certification in Choice Theory®, Reality Therapy (CTRTC)

Signed: _____ Date: _____