

GLASSER AUSTRALIA

Is there anything the Instructor and/or the Institute can do to improve the quality of the training in the Intensive Training?

I am interested in pursuing further training – Basic Practicum

YES

NO

I would like to take up the offer of free membership until 31st December 2023

YES

NO

I am interested in receiving further information related to CT/RT/LM

YES

NO

Free Membership Subscription until 31st December 2023

Glasser Australia Membership year ends on 31 December 2023.

Please complete the areas below. The following section will provide valuable information to Glasser Australia with regards to meeting the needs of its members.

Please indicate:

Please indicate the area in which you apply Choice Theory, Reality Therapy and/or Lead Management:

- | | | |
|-------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Personal Growth | <input type="checkbox"/> Own relationships | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Training | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Managing others | <input type="checkbox"/> Parenting | <input type="checkbox"/> Community Work |
| <input type="checkbox"/> Other (Please specify) | | |

Please indicate your area(s) of interest for receiving more information from Glasser Australia (newsletter/articles/books/blogs):

- | | | |
|------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Industry | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Business | <input type="checkbox"/> Legal | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Marriage & Family | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Training |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Nursing | <input type="checkbox"/> Training & Counseling |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Training & Education |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Private Practice | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Rehabilitation | |

Please tick if you agree

I agree to limited information being shared (Not name, address and contact information)

Signed: _____

Date: _____