

ADVANCED INTENSIVE TRAINING FILE AND EVALUATION FORM

Please complete this form in its entirety, and return to Instructor on last day of training

This form is to be sent to the Glasser Australia office by the organiser within three weeks of the completion of training.

PARTICIPANT DETAILS (Please print)																												
Surname	Given Name																											
Address																												
Suburb										State							Postcode:							Date of birth:/_/_				
Home Phone											Work Phone																	
Mobile												F	ах	x														
	j s	m	i	t	h	@	n	е	w	S	р	а	С	е		n	е	t		а	_	u						
Email																												
Instructor's Name	Training Dates:																											
Location																												
PERSONAL LEARNING																												
What did the Intensive Training mean to you?																												
What was your most s	signifi	cant	t lea	arni	ng i	n rela	atio	n to	:																			
Choice Theory:																												
Reality The	y Therapy:																											
Lead Manage																												
How will you apply what you have learned in your professional and private life?																												
PRESENTATION																												
In what way/s did the instructor contribute to the quality of the Intensive Training?																												
Which activity/experience/component led to your most useful learning in the Intensive Training?																												
,																												
GLASSER AUSTRALIA																												
Please suggest anything you believe the Instructor and/or Glasser Australia can do to improve the quality of the training:																												
I am interested in Advanced Practicum Training														Υ	ES													
I am interested in receiving further information related to CT/RT/LM														Υ	ES	NO												
I am interested in 12 Months Membership													Υ	ES	NO													