



GLASSER
AUSTRALIA
IGNITE THE POWER OF CHOICE

ADVANCED INTENSIVE TRAINING REGISTRATION

Please complete this form in its entirety and return it to the Glasser Australia Office.

PARTICIPANT DETAILS

Surname: _____ Given Name: _____
Address: _____ State: _____
Suburb: _____ Postcode: _____
Phone (Hm): _____ Phone (Wk): _____
Email: _____ Mobile: _____

TRAINING DETAILS

Instructor: _____ Location: _____
Training Dates: _____

TRAINING HISTORY

Participants must have completed their Basic Practicum and have a Certificate of Completion or verification from their Basic Practicum Supervisor, as indicated below.

BIT Instructor	Date of BIT	BP Supervisor	Completion Date of BP

PROOF OF BASIC PRACTICUM COMPLETION

(tick one option)

☐ Copy of Basic Practicum Certificate attached

OR ☐ Basic Practicum Supervisor's Endorsement

I, _____ can verify that
(BP Supervisor)

_____ completed their Basic Practicum in its entirety.
(Participant's Name)

Signed: _____ (BP Supervisor) Date: _____