



GLASSER
AUSTRALIA
IGNITE THE POWER OF CHOICE

BASIC INTENSIVE TRAINING APPLICATION APPROVAL FORM

Use this form when seeking approval to run a Basic Intensive Training

Instructor's Name			
Type of Training <input checked="" type="checkbox"/>	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	
Proposed Dates (min 27hrs, see BIT guidelines)			
Expected # of participants (Max 16, unless otherwise approved by Glasser Australia training officer)			
Location of training week (Incl. city, suburb etc.)			
Name of school/organisation			
Contact person for BIT			
Contact Person's details	Ph:	Email:	
Postal address for BIT training package			
<i>I hereby certify that if approval is received for this Basic Intensive Training, I will follow policies and procedures as outlined by Glasser Australia</i>			
Signature of BIT Instructor:			
OFFICE USE ONLY			
Emailed to Training officer Date:	Package forwarded Date:		
BIT has been APPROVED <input type="checkbox"/>	BIT NOT been APPROVED <input type="checkbox"/>		
Entered on Website Date:	Instructor Notified of Approval/Non-Approval Date:		