ADVANCED INTENSIVE TRAINING APPLICATION APPROVAL FORM
Use this form when seeking approval to run a Advanced Intensive Training

Instructor's Name	
Type of Training [X]	OPEN ☐ CLOSED ☐
Proposed Dates (min 27hrs, see AIT 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 AIT	
Contact Person's details	Ph: Email:
Postal address for AIT training package	

I hereby certify that if approval is received for this Advanced Intensive Training, I will follow policies and procedures as outlined by Glasser Australia

Signature of AIT Instructor:

OFFICE USE ONLY	
Emailed to Training officer Date:	**Package forwarded Date:**
AIT has been APPROVED ☐	**AIT NOT been APPROVED** ☐
Entered on Website Date:	**Instructor Notified of Approval/Non-Approval Date:**