

BASIC INTENSIVE TRAINING FILE AND EVALUATION FORM

Please complete all sections of this form and return to Instructor.

Instructor is to forward form to Glasser Australia, within three weeks of completing BIT.																							
	PARTICIPANT DETAILS (Please print)																						
Surname	Given Name																						
Address																							
Suburb	State							Postcode Date of Birth:_/_/_							·								
Home Phone	Work Phone																						
Mobile	Occupation																						
	j s	m	i t	h	@	n	е	w	S	ра	С	е	. n	е	t		а	u					
Email																							
Instructor's Name	Training Date:							es:															
Location																							
PERSONAL LEARNING																							
Management (CT/ RT/ LM): How will you apply what you have learned in your professional/private life?																							
PRESENTATION																							
In what way/s did the Instructor contribute to the quality of the Intensive Training?																							
Which activity/exp	perier	nce	/com	ipor	nen	t led	d to	you	ır m	nost u	sefu	ıl lea	rnin	g in	the	e Ir	nter	nsiv	re T	Γrai	ninç	j ?	

	GLASSER AUS	TRALIA		
Is there anything the Ir the Intensive Training?	structor and/or the Institute car	do to improve the quali	ty of the tra	aining in
I am interested in purs	uing further training – Basic Pra	cticum	YES	NO
I would like to take up	YES	NO		
I am interested in recei	YES	NO		
	embership Subscription u sser Australia Membership year e			
Please complete the areas the meeting the needs of its me	pelow. The following section will provide mbers.	de valuable information to Gla	asser Austra	lia with regards
Please indicate:				
Please indicate the area in which	you apply Choice Theory, Reality Therapy	and/or Lead Management:		
□ Personal Growth	Own relationships	Consulting		
☐ Teaching	Training	Counselling		
Managing othersOther (Please specify)	☐ Parenting	☐ Community Work		

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

Date: _

Substance AbuseSpecial Education

☐ Training & Counseling

☐ Training & Education

☐ Social Work ☐ Training

■ Industry

■ Nursing

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

■ Marriage & Family

☐ Pastoral Counseling

■ Mental Health

Private PracticeRehabilitation

☐ Legal

☐ Abuse

■ Business

□ Counselling

☐ Child Care ☐ Corrections

□ Education

☐ Health Care

☐ Human Resources

Please tick if you agree