



GLASSER
AUSTRALIA
IGNITE THE POWER OF CHOICE

Faculty Agreement 2024 - 2026

1. I commit to maintaining and updating my competency aligned with the principles of Choice Theory, Reality Therapy and Lead Management (CT/RT&LM) as developed by Dr William Glasser via the following:

- | | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Attending Regional Meetings | <input type="checkbox"/> Attending the Glasser Australia Conference |
| <input type="checkbox"/> Reading Glasser Books | <input type="checkbox"/> Attending online Training/Webinars/Workshops by Glasser Australia or William Glasser International |
| <input type="checkbox"/> I have co facilitated a training with another Faculty member | |
| <input type="checkbox"/> Other (Please indicate) _____ | |

2. I agree to complete documentation as required by Glasser Australia and the Australian Charities and Not for Profits Commission (ACNC) and agree to the following:

- Implement and adhere to all current policies and procedures as determined by GA.
- Maintain Glasser Australia Faculty Membership.
- Teach the principles aligned with Dr. William Glasser's work, and those endorsed by The William Glasser International and Glasser Australia.
- Collaborate with current Senior Faculty/Faculty members as endorsed by Glasser Australia.
- Provide evidence of Public Liability and Professional Indemnity Insurance Policy (Certificate of Currency) if working as a private provider/consultant when delivering training, providing advice and/or other external activities as I accept that I will not be covered by Glasser Australia.

Note: I understand that if I am only working within a school setting/organisation I may be covered by the school/organisation's Public Liability and Professional Indemnity Insurance Policy, and that it is my responsibility to check the insurance coverage.

Personal Policy Information:

Name: _____ Policy Number: _____

Insurance Company: _____

3. I agree to maintain my Faculty status as an approved and financial member of Glasser Australia annually.

4. **Faculty Name:** _____
(Please Print)

Signature: _____ **Date:** _____