

WILLIAMSROAD FAMILY THERAPY CENTRE SHORT COURSE APPLICATION FORM



PERSONAL DETAILS

Title: Gender: Date of Birth: ___ / ___ / _____

Surname: _____ Given Names: _____

Address: _____
(For Correspondence) Street Name & Number _____

Suburb/City _____ Postcode _____ State _____ Country _____

Telephone (Mobile) _____ (Business) _____

Email

COURSE INFORMATION

Please select your course:

Core Ideas and Practices of Family Therapy: 4 Day Intensive Course – Melbourne
Certificate in the Practice of Family & Systemic Therapy (Select Singapore or Melbourne)

Professional Development _____

OTHER _____

Where did you hear about this course? _____

Briefly, why do you want to do this course? _____

Have you previously studied Family Therapy, at Williams Road or elsewhere? Yes No

What was the course name, provider, and period of enrolment? _____

Have you previously enrolled in PD or short courses at Williams Road? Yes No

Are you intending to or have you enrolled in the Swinburne University Yes No

Graduate Program in Social Sciences (Family Therapy) at Williams Road? Yes No

APPLICANT INFORMATION

Current Employment (Optional – but useful to us to improve how our training aligns to your work)

Currently working with clients:

Individuals Couples Families Children Adolescents Other: _____

Current job/role and employer: _____

Multiculture & Different Ability (Optional – but adds to the richness of the Williamsroad community)

Is English your first language?

Other languages written/spoken _____

PAYMENT

The cost of each course, and any categories for discount in each course, are published on the Williamsroad website.

Membership or studentship discount category _____

Amount payable:

Payment

Some of our courses fill up very quickly, and while we do our best to accommodate everyone's training needs, sometimes we reach capacity and must turn away applicants. So please contact info@williamsroad.vic.edu, to reserve a place *prior to triggering your payment*.

Also please note that your payment confirms your place on the course, and without timely payment a reservation can be cancelled.

- Credit card: Williamsroad only accepts Visa or MasterCard. Visa
Card Number _____ Expiry _____ CCV _____ MasterCard
- Direct Deposit: SWIFT CTBAAU2S BSB 063 116 Account 1018 8600
Provide your full name as above for transaction reference.
If using Direct Deposit, please email info@williamsroad.vic.edu.au and request confirmation of receipt of your payment
- Paypal: sophie@williamsroad.vic.edu.au

*If you have any questions
Please contact Reception on
+61 (0)3 9532 9990*

or email: info@williamsroad.vic.edu.au

*Return this application form,
together with your payment, to
info@williamsroad.vic.edu.au
Williamsroad Family Therapy Centre
298 Hawthorn Road, Caulfield, VIC
www.williamsroad.vic.edu.au*