

Imago Institute for Relationships

Imago Relationship Therapy Clinical Training Programme Australia 2012

Registration Form for Modules 1B, 2 and 3

Name: _____

Address: _____

Telephone: (Work) _____ (Home) _____

Cell Phone: _____ Fax: _____

Email: _____

I attended a couples workshop: Date _____ Presenter _____

I plan to attend a couples workshop: Date _____ Presenter _____

Estimate the extent of your clinical experience in the modalities listed below:

Individual _____ (estimated years) Couple _____ (estimated years)

Family _____ (estimated years) Group _____ (estimated years)

Estimate your current case load:

Individual _____ (hours per week) Couple _____ (hours per week)

Family _____ (hours per week) Group _____ (hours per week)

Briefly describe your experience with working with couples:

Please describe your personal growth experience and therapy modality:

Individual therapy _____ (estimated years) Couples therapy _____ (estimated years)
Family therapy _____ (estimated years) Group therapy _____ (estimated years)

Degrees and Accrediting Institutions: _____

Professional Associations: _____

Reasons for wanting to participate in Imago Relationship Therapy Training:

Include with Registration

(Please tick)

- Two letters of reference from colleagues who know your work. Make sure these letters include the qualifications of the writer and telephone numbers.
- A brief Curriculum Vitae.
- Copy of your membership of your Professional Association.
- Copy of Professional Indemnity Insurance.
- A photograph of yourself.
- AU\$500 registration deposit.

Cancellation Policy

A non-refundable deposit of AU\$500 will reserve your place and must accompany this Registration Form. If you cancel 30 days or more prior to the start of the training, your registration fee will be refunded less the AU\$500 deposit. If you make arrangements to do so at least 30 days before the start of the training, you may apply your deposit to the next scheduled programme at no charge. If you cancel within 30 days of the programme, or do not attend on the first scheduled date of training, your registration fee, less the AU\$500 non-refundable deposit will be applied to the next available programme at no charge.

I have read and accepted the terms of the above cancellation policy.

Signature required: _____ **Date:** _____

Please send registration documentation to Imago Institute for Relationships (NZ)
Private Box 583, Warkworth 0941, New Zealand.
Payment can be made via internet banking. Please email info@relationships.co.nz
for details or make cheques out to
Imago Institute for Relationships (NZ)

