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**APPLICATION FORM |**early application is recommended as places are limited

*(click on grey squares to type)*

**Date:** dd/mm/yy

**Name:**

**Title:**

**Postal Address:**

**Mobile Phone:**

**Email:**

**Profession:**

**Experience as Experience as Total Supervision**

**Practitioner Supervisor Received**

**years**      **years**      **hours**

**Qualification 1:**

**Institution:**

**Year commenced:**

**Year graduated:**

**Qualification 2:**

**Institution:**

**Year commenced:**

**Year graduated:**

**Current Position:**

**Organisation:**

**Is your course fee paid for by your workplace? (*state ‘yes’ or ‘no’)***

**Are you interested in the Instalment Payment Plan? (*state ‘yes’ or ‘no’)***

**Reasons for wanting to train as a supervisor (20-50 words):**

**Special Needs:**

**Deposit of $200.00 payable at time of registration**

Date of EFT: dd/mm/yy

Bank Details for EFT: Bankwest BSB 306-453 Account Number: 0870547

Account Name: *Supervision WA*

*Use surname of applicant as identifier*

**Acceptance of Terms and Conditions *(state ‘yes’ in box once read)***

*I have read, understood and accept the terms and conditions of registration,*

***incl****uding the cancellation policy, as outlined on the SupervisionWA website.*

**Where did you hear about the SupervisionWA training course?**

**Please email your completed form to** [**cate@supervisionwa.com.au**](mailto:catelitjens@westnet.com.au)

**(check all questions have been answered fully prior to sending)**