



BUDDHISM AND PSYCHOTHERAPY COURSE

APPLICATION FORM

(as at 02/02/08)

Name:

Address:

Suburb: State: Postcode:

Phone: Fax: Mobile:

Email:

1. Professional Qualifications

Qualifications, dates obtained, university or institute.

2. Other Relevant Training

3. Membership of Professional Associations

4. Clinical Experience

Please indicate the type of clients, frequency and duration of therapy you offer.

5. Personal Psychotherapy/Counselling Experience

Modality, frequency, duration.

6. Work History

Please give an account of your places of work, dates, and whether full or part time.

7. Meditation Experience

Please outline your meditation practice, including tradition, teachers and retreats.

8. Reasons for Undertaking Training

Please give an account of why you wish to apply for this training and what you hope to gain from the course.

9. Any further information about yourself which you may consider relevant to this application

10. Referees

Please supply the name, address and telephone number of two people who are prepared to act as personal referees and know something about your work and/or meditation experience.

1. Name:

Phone:

Address:

2. Name:

Phone:

Address:

I wish to undertake the Graduate Diploma in Buddhism and Psychotherapy offered by the Australian Association of Buddhist Counsellors and Psychotherapists.

I agree to abide by the recommendations of the Training Committee in regard to selection for training.

Signed:

Date:

Please enclose application fee of \$90 with your application. Payment should be sent to:

Australian Association of Buddhist Counsellors and Psychotherapists

PO Box 2025, Smithfield, NSW 2164. Fax (02) 9604 9969.

*Further enquiries to **Dr Eng-Kong Tan***

(02) 9488 7911 (Metta Clinic)

info@buddhismandpsychotherapy.org

Application closes Friday 30 May 2008