



# BUDDHISM & PSYCHOTHERAPY PROFESSIONAL TRAINING COURSE

## APPLICATION FORM

(as at 31/03/10)

Name: .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Phone: ..... Fax: ..... Mobile: .....

Email: .....

### 1. Professional Qualifications

*Qualifications, dates obtained, university or institute.*

*Please attach  
a recent passport  
size photo*

### 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 information about your physical and/or psychological health which may affect your capacity to function in the small and big groups in class and in meditation during the two years of training?**

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

**11. 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 Buddhism & Psychotherapy Professional Training Course 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 attach a recent passport size photograph
- Please enclose an administration fee of \$90, non refundable, with this application.
- Please write cheque to 'AABCAP Training Committee', or organise your direct debit or bank transfer to the following account \*:

Account name:	AABCAP Training Committee
Bank:	Commonwealth Bank
BSB:	062-197
Account number:	10518361

**\* Important Note!** Please ensure that your direct debit details clearly include your name so that we can easily match your payment details.

- Send completed form to:

*Dr Eng Kong Tan, Director of Training*

*AABCAP c/o Metta Clinic, PO Box 6203, Pymble, NSW 2073 ;  
or Fax (02) 9988 4926*

**Further Enquiries to course coordinator Sarah Lappin, 0451 050 119  
info@buddhismandpsychotherapy.org**