

# Expression of Interest

## Specialist Course in Couple Therapy

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/code \_\_\_\_\_

Ph: Home \_\_\_\_\_ Work \_\_\_\_\_

Mob \_\_\_\_\_ Email \_\_\_\_\_

Current position \_\_\_\_\_

What are your reasons for applying for this course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you intending to apply this course towards any qualification? Yes / No / Unsure

If so, which? \_\_\_\_\_

Are you currently enrolled in this course? Yes / No

If no, when do you plan to enrol? \_\_\_\_\_

Are you currently counselling couples? Yes / No

Part of the application process involves an interview, please indicate your first four time preferences below.

Mon. am	Tues. am	Wed. am	Thurs. am
Mon. pm	Tues. pm	Wed. pm	Thurs. pm

How did you learn about this professional education program?

- Advertisement in professional newsletter
- Word-of-mouth (eg. colleague, friend, etc.)
- Relationships Australia Victoria website
- Other (please describe): \_\_\_\_\_

Please attach a copy of your resume with this application, specifying:

- any previous training you have completed, and
- the details of previous experience in counselling (years of experience in each position held and/or number of hours of face-to-face clinical experience).

**Mail to:** Jo Barbagallo, Professional Education Administrator,  
Relationships Australia Victoria, 46 Princess Street, Kew, Victoria 3101.