

ENROLMENT FORM

Name _____

Address _____

Postcode _____

Email Address _____

Phone (H) _____

Phone (W) _____

Mobile _____

Please tick the appropriate boxes

Training Groups:

- Core Curriculum – Intermediate \$ _____
- Advanced \$ _____

Introduction to Psychodrama Training:

- 4 February \$ _____
- 29 September \$ _____

Experiential Psychodrama Workshop:

- 14-15 April \$ _____
- 15-16 September \$ _____

Professional Development and Residential Training:

- Trainer Development Residential 26-29 April \$ _____
- Psychodrama Training Residential 2-6 May \$ _____
- Group Work Training Residential 5-8 July \$ _____

Special dietary requirements (please specify)

Date: _____ / _____ / _____

Total Enclosed: \$ _____

*All cheques payable to the Australian College of Psychodrama
EFT details available on request*

Please send form to:

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Australian College of Psychodrama
PO Box 605 Northcote
Victoria 3070, Australia
jennyhutt@traininginpsychodrama.com.au

2012
TRAINING PROGRAM

ENROLMENT FORM