



Certificate Course in Guided imagery and Music-Introductory Level

Application Form

Name:

Address:

Postcode

Phone numbers (day)

(evening)

Email address:

Date of Birth:

Educational background:

1) Degrees

University

Year of Completion

Title of degree

2) Non-university training
(courses, seminars, workshops related to therapy practice)

Institution

Dates of courses

Professional Registration/Certification:

Affiliating Body

Name of Certification

Year Obtained

Work Experience:

Clinical Experience: (Name of facility, Years employed, Position Title, Brief description of clients, Primary therapeutic method used)

Music Experience: (University degrees, OR tuition in music instrument, knowledge of history of music, theory of music, experience in music ensembles etc. OR description of affinity/enjoyment with music)

Experience with Imagery and/or relaxation techniques used in your therapy work:

**Why do you wish to take this Certificate Course in Guided Imagery and Music-
Introductory Level?**

Names of two referees:

1. Professional

Name

Address

Phone/fax/email

2. Character

Name

Address

Phone/fax/email

Signature _____ Date _____

**Send this application form to
Carolyn Van Dort
Certificate Course Trainer
11 Greenwich Court
Glen Waverley 3150**

Applications close November 30th in the year prior to commencement of the course.

Late applications may be considered. Interviews, or phone interviews for interstate applicants, will be conducted early December.

Contact carolyn@musicpsychotherapy.com.au for further information



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Professional Referee Form

Name of Applicant:

How long and in what capacity have you known the applicant?

The applicant is applying for the Certificate Course in Guided Imagery and Music-Introductory Level, which involves experiential and didactic training. Please comment on the applicant's abilities in the following areas:

1 Relating to people

2 Clinical/therapeutic skills

3 Administrative and organizational skills

