



TEAM MEMBER APPLICATION

We welcome your application and consideration of becoming part of the ForLife Counselling Team.

Please complete all the fields below. Please also attach your resume, certified copy of your qualifications, membership registration and rebate approvals.

1

Name		Surname	
Title			
Address		Suburb	
State		Post Code	
Mobile		Email	

2

Qualification 1		Institution	
Qualification 2		Institution	
Qualification 3		Institution	
Membership 1		Membership 2	
Rebate 1		Rebate 2	
Rebate Other			

3

Practice Areas	(Please list your Counselling Practice Areas; ie: Anger, grief, etc)

4

Interventions	(Please list your Counselling Interventions; ie: CBT, Mindfulness, etc)

5

Counselling	(Please list your Counselling work history)

6

Referees	(Please list your Counselling supervisor/coach and professional referees)		
Supervisor Name		Phone	
Coach Name		Phone	
Referee Name 1		Phone	
Referee Name 2		Phone	