**SUPPLEMENTARY APPLICATION FORM**

**Master of Clinical Family Therapy**

(**NOTE: ALL APPLICANTS MUST COMPLETE THIS ADDITIONAL INFORMATION FORM IN FULL and upload as part of your online application.**

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| **SECTION 1: PERSONAL DETAILS** |

Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 2: RELEVANT WORK EXPERIENCE** |
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| --- | --- | --- | --- |
| Position | Start date | End date | Employer |
|  | / / | / / |  |
|  | / / | / / |  |
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Brief description of duties performed at your current work and other work experience you feel is relevant to your application.

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| **SECTION 3: DETAILS OF RELEVANT TRAINING** |

**Have you completed a Graduate Certificate in Family Therapy or direct equivalent**

**No Yes, in year** \_\_\_\_\_\_\_\_\_\_\_\_

**Institute/University** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant training:

|  |  |  |  |
| --- | --- | --- | --- |
| Workshop / Course Title | Date attended | Duration | Presenter / Training Providers |
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| **SECTION 4: COURSE SPECIFIC ADDITIONAL INFORMATION** |

**a. Are you currently working with families** (more than one generation)**? (please circle)** Yes / No

**b. Detail your current and past experience in working with families.**

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**c. What caseload of families (how many) can you maintain in your workplace during the course?**

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**d. What is your year level entry preference (please select)**

**Masters-Year 1 Masters-Year 2 Masters- Year 3**

Please note that direct entry into years 2 or 3 requires prior completion of our Graduate Certificate in Family or Graduate Diploma respectively, or their ***direct*** equivalent from another institute or university.

**e. Are there any compelling reasons why you cannot be flexible around your study mode?**

**If so please state the reason/s and your study mode preference.**

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**Online In Person Either**

**f. Are there any compelling reasons why you cannot be flexible around your time preference?**

**If so please state the reason/s and your time preference:**

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**AM group 7.30am – 2.30pm PM group 12.30pm – 7.00pm Either**

**g. Do you think you will require access to the Clinical Practice Group in year 2 and year 3 (for Masters applicants only)? (please select)**

**Yes No Unsure**

If you have any questions, please contact The Bouverie Centre, La Trobe University ph. + 61 3 8481 4800 [bouverie.academic@latrobe.edu.au](mailto:bouverie.academic@latrobe.edu.au) or see <https://www.latrobe.edu.au/courses/family-therapy>

**Please upload a copy of this to you application -** [**https://apply.latrobe.edu.au/content/forms/af/direct-applications/home.html**](https://apply.latrobe.edu.au/content/forms/af/direct-applications/home.html)