



Scholarship Application Advanced Practitioner Certificate in Clinical Hypnosis

Course Details

Duration: 112 hours (approximately)

Location: Online

Presenter: Leon W. Cowen

Scholarship Details

The scholarship covers all tuition fees. The sundry costs covered by the scholarship recipient are:

- Text books (approximately \$200); and
- Costs related to online study e.g. computer, internet and electricity required to complete the course.

The Scholarship will be awarded on the following criteria:

- Be in practice a minimum 15 hours per week;
- Be an Accredited Mental Health Social Worker;
- Be able to start within 3 months and complete the course within 12 months;
- Have 2-3 year's experience in practice;
- Be able to pay for the text books and costs of completing the course;
- Have the computer skills and a computer capable of online study;
- Demonstrate you are giving back to the profession and/or community; and
- Describe how winning this scholarship will improve your practice.

Scholarship Dates and Notifications

Applications must be received by 31 May 2016 at mental.health@asw.asn.au.

The winner will be notified approximately one month after the closing date and announced in AASW e-Bulletin and eNews.

A red outline indicates that it is a required field

First Name

Middle Name

Surname

Street Address

Suburb

State

Postcode

Gender

Female

Male

You are required to provide at least one telephone number.

Tel Mobile

Tel Work

Tel Home

Email

Date of Birth (dd/mm/yyyy)

Main Membership

Practice 15 hrs per week	Yes	No
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More than 2 yrs experience	Yes	No
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Begin course within 3 months	Yes	No
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Can pay sundry costs	Yes	No
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Can complete online study	Yes	No
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Activities giving back to community/profession in the last 12 months (200 words or less)

How would winning this scholarship improve your practice (100 words or less)

Referee 1: Name, organisation, telephone and email.

Referee 2 (if applicable): Name, organisation, telephone and email.

Referee 3 (if applicable): Name, organisation, telephone and email.

I wish to apply for the scholarship and confirm the information I have provided is true and correct. I give permission for any aspect of my application to be verified. I have read the Scholarship Criteria and agree to abide by the criteria for applicants. I understand that scholarships are allocated at the discretion of the selection panel and that the decision of the panel is final.

Applicant's Name

Applicant's Signature

Date (dd/mm/yyyy)

Please return your completed form to mental.health@asw.asn.au
For more information please contact Leon on (02) 9415 6500