## GROUNDWORK THERAPY & ADVENTURES IN AWARENESS™

## LEADING EQUINE THERAPY PRACTITIONER TRAINING PROGRAM

2023 REGISTRATION FORM			
To order, please complete the following details.			
Name:	Da	Date of Birth:	
Address:			
Suburb:	State:	Postcode:	
Phone:	Email:		
Please describe your horse experience:			
Describe your attraction to the field of Equine Facilitated Ex	xperiential Learning. Why	are you attracted to this training model?	
Knowing yourself as you do, if you were to run into a proble How do you imagine the program could help you acknowle			
Describe your goals in this field?			
What do you hope to get out of the training program?			
To secure your space, please make a deposit payment of \$4	400 to: Groundwork Ther	apy BSB: 012 830 AC: 196008505	