



Advancing Family Therapy
training and clinical practice
since 1979.

The Australian Association of Family Therapy Inc.

PO BOX 2351. RICHMOND VIC 3121. AUSTRALIA. Tel 0499 078 211

www.aaft.asn.au admin@aaft.asn.au ABN 44 698 290 795

Verification of Current Enrolment in a 2-year AAFT accredited Course Form

To be completed by student:

This form is to verify that I am currently enrolled in a 2-year family therapy course in order to be eligible for the reduced General membership fee offered to students of AAFT Accredited Courses.

Course Title and training institution: _____

Student information:

Family Name: _____

First Name: _____

Signature: _____

Student ID – (if applicable): _____ Date: _____

This is the (tick applicable box): **First** year I am receiving this offer: **Second** year I am receiving this offer:

To be completed by a staff member of the training institution at which the course is being held:

I verify the above signed is a current student of the following:

Family Name: _____

First Name: _____

Staff signature: _____

Position Held: _____

Date: _____

Please send completed form to: admin@aaft.asn.au – PO Box 2351 Richmond Vic 3121