

# APPLICATION TO ATTEND ETHICS AND COUNSELLING

Instructor: Giselle Terry, M.A., MFT

Date: June 16 – 24, 2007

Schedule: June 16 & 17 = 9 am to 5 pm

June 18, 19, 20, 21, & 22 = 6:30 pm to 9:30 pm

June 23 & 24 = 9 am to 5 pm

Place: Avalon School of Astrology

Gainesville, Florida

## Return Application to:

Fei Cochrane

Avalon School of Astrology

6212 NW 43<sup>rd</sup> Street, Suite A

Gainesville, FL 32653

Phone #: 1-352-375-1250

Fax #: 1-352-874-8826

**Ethics and Counseling Skills:** Professional standards, ethics, and counseling skills required in other professions such as in marriage and family therapy, financial consulting, etc., and current standards in astrology. Ethical and legal requirements for the practice of astrology. How to refer clients for proper treatment, consultation, or advice by various kinds of psychological and medical practitioners, financial and business consultants, and other services available.

Case studies and research evidence on therapeutic value of various health-related problems or psychological problems that clients of astrological consultants may have are used. Social statistics, medical data, and other data is presented that provides factual information on the effectiveness of potential services and practitioners to whom your clients can be referred for specific problems, whether they are medical, psychological, financial, or personal.

- *Completion of this course fulfills the ISAR Ethics Training Requirement and the ISAR Counseling Skill Requirement.*

Attendee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone  
(day): \_\_\_\_\_ (night): \_\_\_\_\_ (email) \_\_\_\_\_

Contact Person: \_\_\_\_\_

- **COURSE FEE: \$400.00**
- Please make certified check or money order payable to "Avalon School of Astrology" and send to:  
*Fei Cochrane, Avalon School of Astrology, 6212 NW 43<sup>rd</sup> Street, Suite A Gainesville, FL 32653*
- \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_ Certified Check or Money Order

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_