

# Introduction to Reflective Practice



This workshop is for Aboriginal workers in the Metro West wanting to gain more knowledge and skills about reflective practice and how your workplace can benefit

**Date: Wednesday 9th June 2010**

**Time: 9.30am - 1.00pm**

**VENUE: North St Marys**

**Neighbourhood Centre, Oleander  
Road, St Marys**

**COST: \$60 NGO/\$120 government**  
**Morning tea included**

**Course Code: AC19IRP**

## Learning outcomes:

- Increased knowledge of reflective practice
- Skills on how to apply reflective practice to your work practice
- Increased understanding of the benefits of applying reflective practice

## Facilitators

**Jackie Stewart and Julianne Abood**

Contact: Jackie Stewart at FWTD Inc  
96206172 or 0439248855 or  
[jackies@fwtdp.org.au](mailto:jackies@fwtdp.org.au)



Family Worker Training  
+ Development Programme INC.

Aboriginal  
Child, Youth  
and Family  
Strategy



Proud communities  
Strong families



Family Worker Training  
+ Development Programme INC.

# Family Worker Training + Development Programme Inc 2008/2009 TRAINING REGISTRATION FORM

Ph: (02) 9620-6172  
Fax: (02) 9620 6173  
[www.fwtdp.org.au](http://www.fwtdp.org.au)

**This is your Tax Invoice: ABN: 54 960 560 044 (All fees include GST)**

Please ensure **ALL** sections are answered, even if it seems to be irrelevant

as incomplete forms might not be accepted.  
we **do not** issue receipts or other invoices.

Please **PRINT** clearly

**Registrations are Required 2 Weeks Prior to Training to ensure place:**

**Course Code: AC19IRP Date: 9/06/10 Venue: Nth St Marys Neighbourhood Centre**

**Cost: Half Day \$40 NGO / \$65 Govt**

**Unless Otherwise Stated ALL Courses:** (Full Day \$60 NGO/\$120 Govt)

**NO PHONE or EMAIL bookings will be accepted**

**Attendee Name:** \_\_\_\_\_

**Current Role:** \_\_\_\_\_

**Gender:**  Female  Male

**Cultural Background:**  Aboriginal/Torres Strait Islander  CALD or  Other (Anglo)

**Have you attended FWTDP Training events before?**  Yes Often  Yes Occassionally  No

**Has your agency sent other workers to FWTDP Training before?**  Yes Often  Yes Occassionally  
 No

**For any special dietary requirements please contact the relevant Project Worker**

**Name of Organisation:** \_\_\_\_\_

**Work Postal Address:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ *(email must be provided)*

**Are you a member of FWTDP**  Yes  No

**Organisation Type: (Please tick  $\checkmark$ )**

- Families N.SW Project (CP)
- Families N.SW. Project (Nepean)
- Family Support Service
- Children's Service
- ACYFS Funded Project

- SAAP
- Youth Service
- Govt Agency (specify below)
- Other (specify below)  
Specify: \_\_\_\_\_

### Payment Options:

1. For Credit Card or Direct Debit go to: [www.fwtdp.org.au](http://www.fwtdp.org.au) and follow the links.
2. Send a cheque or Money Order (payable to: FWT+DP) with registration form to  
PO Box 390, Seven Hills NSW 1730

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