

# Certificate in Family Systems Theory and Application APPLICATION FORM 2026

Contact Details			
Name			
Organisation			
Address			
State	M	H	W
Primary email			
Secondary email			

\*Please provide a secondary email address if your primary email address is a government email address

## Qualifications and Related Experience

Qualifications, Institution and year of graduation:

Briefly describe your current work context:

Briefly describe your current work setting/tasks (approximate number of hours per week, types of cases, etc):

List the setting/roles where you have worked:

## Engagement with Bowen Theory and the Family Systems Institute

Please indicate below your participation in FSI activities that will count as Recognised Prior Learning toward your Certificate Program. These activities must be completed within the last 8 years to count as RPL toward the program.

Family of Origin Research Group Year 1: YES / NO

Please specify year attended and supervisor's name:

Family Systems Clinical Supervision Year 1: YES / NO

Please specify year attended and supervisor's name:

Family Systems Institute Workshops

Please specify workshops attended and the year of the workshop:

Please list any other Family Systems Institute events you have attended, or other activities in which you have engaged with Bowen Family Systems Theory ideas or the FSI. (For example, individual supervision, team supervision in your workplace, individual family of origin coaching, FSI conferences)

## References

Please include:

- **One written reference** specifying your current work context, ability to be organised and maintain high ethical standards of work application
- **Contact details of at least one other back up referee** to contact if needed

Referee 1 (Provider of written reference)

Name:

Position / Organisation:

Contact phone number:

Contact email address:

Best time to contact them:

Referee 2

Name:

Position / Organisation:

Contact phone number:

Contact email address:

Best time to contact them:

Referee 3 (Optional)

Name:

Position / Organisation:

Contact phone number:

Contact email address:

Best time to contact them:

## Personal reflection on systems thinking and application to the program

Please describe your first encounter with Bowen Family Systems Theory, and your own thinking and reactions to your early exposure to the theory:

What aspects of family systems theory have connected with your current learning interests?

How do you hope to investigate and apply systems ideas in the context of your own life and work?

What are some of your own learning goals as you approach thinking more deeply about family systems theory and its application?

How do you plan to use the Certificate Program to meet your learning goals?

## Payment Information

**Annual Cost: \$2,500 +GST for 12 months (\$2,750 in total)**

Payment options:

- Upfront - \$2,750 including GST can be paid upfront (due 15<sup>th</sup> December)
- Two instalments of \$1,250 +GST (\$1,375 including GST per instalment) (instalments due 15<sup>th</sup> December and 15<sup>th</sup> June)
- Quarterly instalments of AUD \$625 +GST (AUD\$687.5 including GST per instalment) (instalments due 15<sup>th</sup> December, 15<sup>th</sup> March, 15<sup>th</sup> June and 15<sup>th</sup> September)

**Please indicate your preferred payment plan:** \$2,750 upfront payment OR two instalments of \$1,375 OR Quarterly instalments of AUD\$687.5

Payment process: Successful applicants will be notified via email and the FSI Training Administrator will issue an invoice for your upfront payment or first instalment based on your above preference.

Note – Paying upfront or in instalments is a commitment to 12 months of the Certificate program. No refunds are given if a person decides to discontinue their study halfway through the year. It is possible to take leave from the program at the end of 12 months and re-join the program at a later date. Please see the Student Handbook for more information about fee and attendance policies.

### Admin Only

Date application form received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is a written reference attached? Y / N

Invoice number: INV - _____	Date payment processed: ____ / ____ / ____	Payment method: (PayPal / Bank)	Payment allocated? Date receipt sent: ____ / ____ / ____
Fully paid? Y / N	Instalments? Y / N	Date next instalment due: ____ / ____ / ____	Next instalment due: \$ _____