

THE McGUIRE PROGRAMME

Fluency and eloquence training for adults who stutter

Please return completed application to:-

Ref No:

THE McGUIRE PROGRAMME (AUST)

PO BOX 344

BALHANNAH SA 5242

PHONE: 08 8388 4663

APPLICATION TO ATTEND A COURSE

Name _____	Age _____	Sex M / F
Address _____		
_____		Postcode _____
Phone/Fax No (home) _____	(Work/mobile) _____	
Email Address _____		
Occupation _____		

Please answer the following questions as frankly as possible. Your answers are handled in the strictest confidence and are to assist us in helping you on courses.

About You

Please quantify the following:-

Severity of your stutter	Mild	Moderate	Severe
Interference in your social life	Mild	Moderate	Severe
Interference in your career	Mild	Moderate	Severe

Do you have any physical disabilities? _____ Yes / No

If yes, please describe _____

Have you ever been diagnosed with any of the following? (please circle any applicable).

Major mental illness / Drug addiction / Alcoholism / Learning disability

Any major physical or psychological illness (e.g. heart or lung disease, bipolar disorder, ADHD)

If yes, please describe _____

Is there anything else about your health that you believe we will need to know?

Background

Sports and Hobbies

Previous Therapies:

Dates

Method(s) used

What benefit, if any, did you achieve from these therapies?

Why do you think other therapies did not work for you?

Lack of motivation / Failure to work hard enough / Inadequate Guidance / Unsuitable Therapy

Lack of personal power from the therapist / Absence of follow-up support / Not ready for it

Other reasons _____

How did you hear about the McGuire Programme? Speech Therapist Television

Radio Newspaper Article Word of Mouth Other _____

Which intensive course, as listed on the cover letter, would you like to attend?

1st Choice _____

2nd Choice _____

In exceptional circumstances the McGuire Programme offers a limited number of subsidised discretionary scholarships to people who otherwise could not afford to join the Programme. If you consider that you may be eligible for a partial scholarship placement please contact the Regional Director to discuss the matter.

I wish to apply for a place on the course(s) indicated above. I confirm that I have read and understood the literature provided to me by the McGuire Programme and that the McGuire Programme and its employees will treat the information that I have provided in the strictest confidence. I appreciate that although the McGuire Programme has had a beneficial effect for many stutterers, it offers no guarantee of recovery from or cure for stuttering. The McGuire Programme will not be responsible for any direct or consequential effects that may arise from participation in its programme.

Signed _____

Date _____