



EARLY CHILDHOOD INTERVENTION AUSTRALIA  
(Victoria Chapter)

## Early Childhood Intervention Australia – ECIA (VC) Professional Development Session

### An Introduction to Counselling for Early Childhood Intervention Professionals

**Presenter:** Robynne Moore  
*Robynne is an experienced psychologist, who has worked in an educational and counselling role for many years. During this time she has had extensive experience with families of children with disabilities*

**When:** Thursday, 4<sup>th</sup> and 18<sup>th</sup> May, 2006

**Times:** 9.00am - 4.00pm

**Where:** Esmond House Function Room  
Villa Maria  
3-13 Fernhurst Grove  
Kew 3001

**Parking:** Carpark at Gate 1 which is in Studley Park Road. Please note that parking may be limited for these sessions and to carpool if possible.

**RSVP is essential as insufficient bookings will require cancellation of the session.**  
Please reply by email to [ei@villamaria.com.au](mailto:ei@villamaria.com.au)

**Fee:** \$160.00 for both sessions non- members  
\$140.00 for both sessions members

Please make cheques payable to  
**Early Childhood Intervention Australia(VC)** ABN 61830423920



**EARLY CHILDHOOD INTERVENTION AUSTRALIA (VICTORIAN CHAPTER) INC**

c/- Centre for Community Child Health  
Royal Children's Hospital, Flemington Road, Parkville Vic 3052

☎: (03) 9509 5584

Fax: (03) 9345 5900

Email: [eciavic@bigpond.com](mailto:eciavic@bigpond.com)

Web site: [www.eciavic.org.au](http://www.eciavic.org.au)

ABN No: 61830423920

Assoc. No: A0014107N

**Registration of Attendance – ECIA(Vic) Professional Development Session**

**An Introduction to Counselling for Early Childhood  
Intervention Professionals**  
4<sup>th</sup> and 18<sup>th</sup> May, 2006

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person/s attending: \_\_\_\_\_  
\_\_\_\_\_

Cost per person – non member (both sessions) **\$160.00** \_\_\_\_\_

Cost per person - member (both sessions) **\$140.00** \_\_\_\_\_

**Total** \_\_\_\_\_

Payment Method: Visa  Mastercard  Bankcard  Cheque\*

Credit Card no. \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date: \_ \_ / \_ \_ Name on Card: \_\_\_\_\_

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

A cheque\* for \$ \_\_\_\_\_ is enclosed.

\*If paying by cheque, please make payable to:

**Early Childhood Intervention Association (Vic Chapter)**

Postal address: c/- Centre for Community Child Health  
Royal Children's Hospital, Flemington Road, Parkville Vic. 3052