

## DISCLOSURE FORM

CERTIFICATION AND

LICENSING:

JOHN: MFT 1983-2004 (CA)

CLINICAL MEMBER: CAPA (2009-2014)

ANITA: MCFT AMHSW

EXPERIENCE: THIRTY YEARS EXPERIENCE AS INDIVIDUAL AND COUPLES

**PSYCHOTHERAPISTS** 

SESSIONS AND FEES: SESSIONS MAY BE 1, 1 ½, OR 2 HRS IN DURATION FOR SHORT OR

LONG TERM. CONSULTATION CAN BE VIA:

1. FACE-TO-FACE

2. MOBILE: 0401 594945 OR 0409 552629

3. SKYPE: J.WOODCOCK OR ANITAHANSEN99

PAYMENTS: Due at the time of the session

1. DIRECT DEPOSIT: BSB: 062243 / ACCT: 10115236

2. PAYPAL: JCW@JOHNWOODCOCK.COM.AU

3. Cash

4. CREDIT CARD

CONTACT: MOBILE: 0401 594945 or 0409 552629

EMAIL: JCW@JOHNWOODCOCK.COM.AU

ANITA.HANSEN08@GMAIL.COM

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