



STARS (1500) Perth November 2019 Registration Form

Name _____ Job Title _____
Organisation _____
Postal Address _____
Suburb/Town _____ Post code _____
Mobile _____ Phone _____
Email _____

Course Date

5 & 6 November 2019
9.00am – 4.30pm

Venue

SHQ, 70 Roe St, Northbridge
(Corner Lake & Roe St) WA 6003

Course fee (includes morning and afternoon tea) \$200.00 GST free

Lunch is not included.

Discounts available for three or more people from one organisation. Please email katrina.duncan@shq.org.au for more information.

Admin use only:

Discounted fee of: _____ approved | Manager of Education and Training _____

Payment Method (please tick):

- Cheque - payable to The Family Planning Assoc. of WA Inc.
 Credit Card EFT Please email katrina.duncan@shq.org.au for details.

Card Type : VISA / MASTERCARD

Full name on card: _____

Card Number: _____ / _____ / _____ / _____ Exp Date ____/____

Amount to be paid: _____

Name of person or organisation making payment:

I identify as an Aboriginal or Torres Strait Islander person Yes No

Gender: _____

Is there anything that may be helpful for the trainers to know, e.g. hearing difficulty, difficulty with reading/writing? _____

Do you have any special food requirements? _____

What do you hope to be able to do after this training? _____

This registration becomes a tax invoice on payment. Keep a copy for your records.

ABN 152 750 99 026

Your Manager needs to sign their approval for you to attend over page.

Declaration (all applicants *must* complete)

I declare that to the best of my knowledge the information given in this application is correct and complete. I have read and agree to abide by the *Fees and Refunds Policy* of SHQ.

Signature: _____ Date: _____

Fees and Refunds Policy

An applicant's place in a course is not confirmed until SHQ has received full payment of course fees.

Please read the SHQ Refunds Policy at our website:

shq.org.au/bookings-and-refunds-policy/

Please also note:

A cancellation for a course or a deferral request must be given in writing.

Privacy Statement

SHQ respects your privacy. In line with the Privacy Act 1988, SHQ will store all personal information in a secure manner to be accessed by authorised staff only. Personal and sensitive information collected by SHQ is not shared with other organisations or government bodies except where there is a legislative requirement to do so. The above information is required for administrative purposes only.

Manager approval to attend

Manager name _____ Phone _____

I give approval for _____ to attend this training.

I have read the *Fees and Refunds policy*.

Manager signature _____

Manager: If work is paying for this please write the name of the organisation making payment _____

**Please email this registration form to katrina.duncan@shq.org.au
or fax to 08 9227 6871**

**For more information please email katrina.duncan@shq.org.au
or call 08 9227 6177**