



## Nuts & Bolts of Sexual Health (1500) – Perth 2021 Registration Form

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

**Please tick the modules and dates you wish to attend.**

Module	Date	Full fee incl GST
<b>Core</b> - You and your role, sexual health, diversity and rights	<input type="checkbox"/> Wed 19 May 2021 <input type="checkbox"/> Wed 13 October 2021	<input type="checkbox"/> \$220
<b>Elective 1</b> - Bodies, pleasure and safety	<input type="checkbox"/> Thu 20 May 2021 <input type="checkbox"/> Thu 14 October 2021	<input type="checkbox"/> \$220
<b>Elective 2</b> - Contemporary sexuality: Respectful relationships, porn and the online world	<input type="checkbox"/> Fri 21 May 2021 <input type="checkbox"/> Fri 15 October 2021	<input type="checkbox"/> \$220
	<b>Total</b>	\$
Full course (all 3 days, dates can be split)		<input type="checkbox"/> \$506
YEP Discount Full course (all 3 days, dates can be split)		<input type="checkbox"/> \$303.60

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

**Payment Method** (please tick):

- ☐ Cheque - payable to The Family Planning Assoc. of WA (Inc.)  
☐ Credit Card      ☐ EFT Please email [ed@shq.org.au](mailto:ed@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? \_\_\_\_\_  
(Morning and afternoon tea provided—not lunch)

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

**ABN 152 750 99 026**

**Please note course fees are subject to change**

**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. I understand my registration will not be confirmed until full payment has been received by SHQ prior to course.

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/refund-policy/](http://shq.org.au/refund-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 [ed@shq.org.au](mailto:ed@shq.org.au)

or fax to 08 9227 6871

For more information please contact Karen Molhuysen on [ed@shq.org.au](mailto:ed@shq.org.au)

or call 08 9227 6177