



Nuts & Bolts of Sexual Health (1500) – Perth 2020 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. All fees include GST.

Module	Date	Full fee	YEP discount
Core - You and your role, sexual health, diversity and rights	Tues 10 Mar <input type="checkbox"/>	\$132 <input type="checkbox"/>	\$77 <input type="checkbox"/>
	Tues 22 Sept <input type="checkbox"/>		
Elective 1 - Bodies, pleasure and safety	Wed 11 Mar <input type="checkbox"/>	\$132 <input type="checkbox"/>	\$77 <input type="checkbox"/>
	Wed 23 Sept <input type="checkbox"/>		
Elective 2 - Contemporary sexuality: Respectful relationships, porn and the online world	Thurs 12 Mar <input type="checkbox"/>	\$132 <input type="checkbox"/>	\$77 <input type="checkbox"/>
	Thurs 24 Sept <input type="checkbox"/>		
	Total	\$	\$
Full course (all 3 days, dates can be split)		\$330 <input type="checkbox"/>	\$165 <input type="checkbox"/>

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

Payment Method (please tick):
 Cheque: please make payable to The Family Planning Association of WA (Inc.)
 Credit Card EFT Please email 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

Prices valid until 31/12/2020

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/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 _____

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

For more information please email ed@shq.org.au or call 08 9227 6177