



# STARS (1500) Perth 2020 Registration Form

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post code \_\_\_\_\_

Mobile \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Course Dates

April 29th – April 30<sup>th</sup> 2020  
9.00am – 4.30pm

November 4<sup>th</sup> – November 5<sup>th</sup> 2020  
9.00am – 4.30pm

## Venue

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

**Course fee** \$220.00 inc. GST  
(includes morning and afternoon tea)

**Lunch is not included.**

Contact Robyn Wansbrough to discuss fees if needed (contact details over page).

## Payment Method (please tick):

Cheque - payable to The Family Planning Assoc. 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? \_\_\_\_\_

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 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.

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/](http://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 [ed@shq.org.au](mailto:ed@shq.org.au) or fax to 08 9227 6871

For more information please contact Robyn Wansbrough at [ed@shq.org.au](mailto:ed@shq.org.au) or call 08 9227 6177