



# Registration (Please fill in ALL fields)

Your full name: \_\_\_\_\_ Your job title: \_\_\_\_\_

Your organization: \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

*Which one of the following HACC-funded service or Supported Residential Service do you work in:*

- |                        |                          |                        |                          |
|------------------------|--------------------------|------------------------|--------------------------|
| Allied health          | <input type="checkbox"/> | Volunteer coordination | <input type="checkbox"/> |
| Assessment             | <input type="checkbox"/> | Respite                | <input type="checkbox"/> |
| Delivered meals        | <input type="checkbox"/> | Property maintenance   | <input type="checkbox"/> |
| Home/personal care     | <input type="checkbox"/> | District Nursing       | <input type="checkbox"/> |
| Planned activity group | <input type="checkbox"/> | SRS                    | <input type="checkbox"/> |

*Name of program you wish to register for:* \_\_\_\_\_

Date to be held: \_\_\_\_\_ at (location): \_\_\_\_\_

*Manager's approval needs to be obtained:*

Your manager's name: \_\_\_\_\_ ; job title: \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_ email: \_\_\_\_\_

Managers signature: \_\_\_\_\_

*Registration fee and place confirmation:*

- HACC funded staff: \$22 person/day, training place allocated based on availability
- SRS Staff only: Merriwa Grove, Delaney Manor
- Non-HACC funded staff: full cost applicable. You will be placed on a waiting list and advised within 2 weeks of course commencement

*Billing: we issue only one invoice per organization per program. If you are among a group of colleagues registering for the same program, please quote the contact person of this group for billing purpose:*

Contact person name: \_\_\_\_\_ position title: \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_ email: \_\_\_\_\_