





## Registration

## Please complete ALL text fields to register your place in a workshop

WORKSHOP:	Responding to Challenging Behaviours	FACILITATOR:	Sara Field
DATE:	27 July 2017	TIME:	9:30am - 4:30pm
VENUE:	East Perth	COST:	\$230

To register, please complete and return your form (preferably in Word) to <u>training@anglicarewa.org.au</u>. Where possible, please copy all relevant parties into return emails. You may also send forms to 9325 8969 (fax) or <u>Anglicare WA Training</u> <u>Services</u>, GPO Box C138, Perth, WA, 6839.

**Confirmation is emailed directly to participants within 3 days** and invoices or receipts to the payment contact within 7 days. If you do not receive confirmation within 3 days or if you have any questions, please contact <u>training@anglicarewa.org.au</u> or 9263 2122. Please note payment terms of 14 days from date of invoice, and our Cancellation and Refund Policy: 100% refund for more than 28 days' notice, 50% refund for 14-28 days' notice and no refund if less than 14 days' notice.

PARTICIPANT				🗌 Mr 🔛 Ms			
Surname:	First Name:			Title: Mrs Miss			
Postal address:							
Suburb:		Pos	Code:	State/Territory:			
Organisation:	Occupation:						
Phone (H):	Phone (V	/):	Μ	obile:			
Email:	Who are your core clients?						
Reason for attending this workshop:							
Access needs, notes:	How did you hear about our workshop?						
PAYMENT CONTACT       Participant       Workplace (please CC into return emails where possible)         Anglicare WA may contact this person and they have given approval for their details to be provided.         Payment contact's details (if other than participant):							
Name:		/Department:					
Position:	Email:						
Phone (W):	Purchase orc	ler number:	ABN	:			
PAYMENT (please tick option 1 or 2	) payable to Ang	glicare WA for \$					
1. Please email invoice to payment contact (please note payment terms of 14 days from date of invoice)							
2. Payment enclosed							
Credit card Vis	a 🗌 Masterca	d					
Card Number:	/ /	/	Expiry Date:	/			
Name on card:			Signature:				
I am emailing this form and would prefer that Anglicare WA telephones me for my credit card details Cheque/Money Order							
psychology, family dispute resolu	tion, domestic are. We also offe	violence and er training for cli	abuse services, yo nicians and senior st	and family services, counselling and outh, community and social work, aff who supervise employees working Payment contact			
I have read and understood the Cancellation and Privacy policies and assert that the above information is true and correct.							
Office use only Course Code:	Confirmed:	Invoice No:	Staff:	Registration Form (External). Version: 2.0			
anglicarewa.org.a	au		t <u>rai</u> r	ning@anglicarewa.org.au			