

## Training Services

## Registration

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

<b>WORKSHOP:</b>	Working with Children and Adolescents who have experienced sexual abuse	<b>FACILITATOR:</b>	Wilma Brokaar
<b>DATE:</b>	13 <sup>th</sup> & 14 <sup>th</sup> June 2017	<b>TIME:</b>	9:30am to 4:30pm
<b>VENUE:</b>	East Perth	<b>COST:</b>	\$440

To register, please complete and return your form (preferably in Word) to [training@anglicarewa.org.au](mailto:training@anglicarewa.org.au). Where possible, please copy all relevant parties into return emails. You may also send forms to 9325 8969 (fax) or [Anglicare WA Training Services](mailto:Anglicare WA Training Services), 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 [training@anglicarewa.org.au](mailto:training@anglicarewa.org.au) 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

<b>Surname:</b>	<b>First Name:</b>	<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
<b>Postal address:</b> <input type="checkbox"/> Hm <input type="checkbox"/> Wk		
<b>Suburb:</b>	<b>Post Code:</b>	<b>State/Territory:</b>
<b>Organisation:</b>	<b>Occupation:</b>	
<b>Phone (H):</b>	<b>Phone (W):</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Who are your core clients?</b>	
<b>Reason for attending this workshop:</b>		
<b>Access needs, notes:</b>	<b>How did you hear about our workshop?</b>	

**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):

<b>Name:</b>	<b>Organisation/Department:</b>	
<b>Position:</b>	<b>Email:</b>	
<b>Phone (W):</b>	<b>Purchase order number:</b>	<b>ABN:</b>

**PAYMENT** (please tick option 1 or 2) payable to Anglicare 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 ☐ Visa ☐ Mastercard

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

**MAILING LIST** [Anglicare WA](http://Anglicare WA) delivers training for people working in the fields of child and family services, counselling and psychology, family dispute resolution, domestic violence and abuse services, youth, community and social work, bereavement services and aged care. We also offer training for clinicians and senior staff who supervise employees working in these fields. **Please add me to the mailing list for future workshops:** ☐ Participant ☐ 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