



2011 Training Registration Form

SECTION 1: PERSONAL DETAILS

*Given Name:	
*Surname:	
*Mailing Address:	
	*Suburb
	*Postcode
*Telephone/Mobile:	
*Email Address:	
*Date of Birth:	
Organisation:	
Job Title/Position:	

SECTION 2: COURSE REGISTRATION DETAILS

*Name of Course:	
*Course Date/s:	

SECTION 3: DIETRY REQUIREMENTS

<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Vegetarian
<i>Please note we are unable to cater for any other special diets</i>

SECTION 4: CITIZENSHIP AND RESIDENCY

Proficiency in Spoken English:	<input type="checkbox"/> Very Well
	<input type="checkbox"/> Well
	<input type="checkbox"/> Not Well
	<input type="checkbox"/> Not at all
Do you require help with English:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Are of Aboriginal Origin:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Are you of Torres Strait Island Origin:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION 5: PHYSICAL AND SENSORY DISABILITY

Do you have a disability or long term medical condition that may affect your study?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If "yes" please indicate area/s of impairment:	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical
<input type="checkbox"/> Other, please describe:	
If "yes" would you like to receive advise or supports?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

SECTION 6: PAYMENT DETAILS

*Total Amount Payable:	\$
*Payment Options:	<input type="checkbox"/> Cheque <input type="checkbox"/> Please send an Invoice <input type="checkbox"/> Please charge my credit card for the amount of: \$
<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard	
Card Number:	
Expiry Date:	__ / __
Card Holders Name:	
Card Holders Signature:	

REGISTRATION DECLARATION & SIGNATURE

I wish to apply and register for the training course identified in Section 2 of the registration form. I declare to the best of my knowledge the information supplied in this form and any supporting material is correct and complete. I acknowledge that the provision of false or misleading information may result in rejection or termination or registration of candidature.

Signature: _____ Date: __ / __ / __

Complete all sections of the form
 All fields with an asterisk (*) must be completed
 Print clearly in block letters using a black or blue pen
 Please return your completed Training Registration Form to:
SAL Consulting
PO Box 232, Beecroft NSW 2119
Or by Fax: 02 9481 7863



SAL Consulting
 PO Box 232, Beecroft NSW 2119
 Ph: 02 94817862