

# Training Registration Form



Training Details			
Courses: (Please tick)	Trauma Informed Positive Behaviour Support for People with Disabilities – 28/09/21 - \$345		
	Accidental Counsellor – 13/10/21 - \$345		
	Mental Health and Disability – 26/10/21 - \$345		
	Proactive Approaches to Safe Incident Intervention (PASII) – 9 & 10/11/21 - \$545		
	Trauma Informed Positive Behaviour Support for Children and Young People – 16/11/21 - \$345		
Location:	<b>All sessions will be delivered by Zoom webinar</b>		
Contact Details			
Name:			
Organisation:			
Address:			
Position Title:			
Mobile:		Email:	
Payment Details:			
Option 1 – Credit Card			
Due to current privacy laws, this information must be taken verbally. To pay by credit card, please tick the box and a member of our admin team will call to finalise payment.			
Total Amount Payable: \$		I wish to pay by credit card	
Option 2 - Invoice			
Who is paying for training:	Participant	Employer	
Name of person to be invoiced:			
Organisation:			
Email Address:			

## Terms & Conditions

- Organisations are able to transfer enrolment details to other people prior to the person commencing the course.
- Cancellations received more than seven (7) working days in advance of the start of the course will be eligible for a refund minus a 25% administration charge.
- Where no cancellation is received or where nominated participants do not attend, full fees will be due and payable.
- A full refund is offered where SAL Consulting Pty Ltd cancels the training.
- SAL Consulting will make every effort to deliver these courses however we are also guided by changes to the COVID-19 restrictions. We may be required to postpone sessions as directed by the Victorian Government. We may also consider delivery by webinar if appropriate. If courses are cancelled, you will be offered to transfer your booking to another session. If courses are postponed, we will provide you with an alternative date as soon as possible.

**I have read and understood the terms and conditions as stated above.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO REGISTER:  
ENQUIRIES:**

Please print, complete and return this form to [registrations@salconsulting.com.au](mailto:registrations@salconsulting.com.au)  
P: 0491 224 461 | E: [training@salconsulting.com.au](mailto:training@salconsulting.com.au) | W: [www.salconsulting.com.au](http://www.salconsulting.com.au)