



## LivingWorks Education Australia

### Training for Trainers Program Adelaide Feb. 2010

## Registration Form

I would like to register for this program.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (bus)

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please confirm my place in the T4T program starting on:**

**Date:** 1<sup>st</sup> to 5<sup>th</sup> February 2010.

**Venue:** Adelaide Royal Coach, 24 Dequetteville Terrace, Kent Town SA 5067

Phone: (08) 8362 5676 Email: [royalcoach@countryclubs.com.au](mailto:royalcoach@countryclubs.com.au)

A deposit of \$500.00 is needed to secure registration. The balance of payment is required by **25<sup>th</sup> January** (7 days prior to commencement of the program). Cost includes workshop materials and catering.

### Cancellation/Refunds

Cancellation of bookings must be made at least 14 working days prior to the commencement date of the workshop. The provision of refunds for the deposit or full fee will depend on being able to find a suitable replacement. Refunds for non-attendance or late withdrawal will be at the discretion of the organisers and will generally only be made in exceptional circumstances. A full refund will be offered if the program should be cancelled.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form together with a cheque for deposit of \$500.00, made payable to LivingWorks, and forward to:

Belinda Clark

Lifeline Australia

PO Box 173, Deakin West, ACT, 2600.

Fax: 02 6215 9401

**Confirmation of registration will be sent to you in the form of an email.**

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

**Background:**

Briefly describe your current position/role (e.g. within your organisation) – where applicable.

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**Qualifications:**

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**How to you propose to use T4T training in the future?** (e.g. proposed training for Mental Health Workers, Educators, Administrators, Community Workers etc)

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**If you work for an organisation, have you secured your employer’s support for the time spent in attending T4T and for conducting workshops subsequent to this training?**

- Yes, I have secured my employer’s support for the time to attend T4T
- Yes, I have secured my employer’s support for conducting workshops subsequent to training
- Yes, I confirm that I have read and understood the requirements set out in the ‘Trainer Training’ documents on website [www.livingworks.org.au](http://www.livingworks.org.au)

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