



Training Services

Registration

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

WORKSHOP: Compassion Fatigue	FACILITATOR: Sara Field
DATE: 29 September 2017	TIME: 9:30am - 4:30pm
VENUE: East Perth	COST: \$230

To register, please complete and return your form (preferably in Word) to 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:training@anglicarewa.org.au), 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 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

Surname: _____ **First Name:** _____ **Title:** Mr Ms
 Mrs Miss

Postal address:
 Hm Wk

Suburb: _____ **Post Code:** _____ **State/Territory:** _____

Organisation: _____ **Occupation:** _____

Phone (H): _____ **Phone (W):** _____ **Mobile:** _____

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: _____ **Organisation/Department:** _____

Position: _____ **Email:** _____

Phone (W): _____ **Purchase order number:** _____ **ABN:** _____

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 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