



# Nuts & Bolts of Sexual Health (1500) – Perth 2020 Registration Form

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post code \_\_\_\_\_

Mobile \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please tick the modules and dates you wish to attend. All fees GST free.**

Module	Date	Full fee	YEP discount
<b>Core</b> - You and your role, sexual health, diversity and rights	Tues 10 Mar <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$70 <input type="checkbox"/>
	Tues 22 Sept <input type="checkbox"/>		
<b>Elective 1</b> - Bodies, pleasure and safety	Wed 11 Mar <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$70 <input type="checkbox"/>
	Wed 23 Sept <input type="checkbox"/>		
<b>Elective 2</b> - Contemporary sexuality: Respectful relationships, porn and the online world	Thurs 12 Mar <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$70 <input type="checkbox"/>
	Thurs 24 Sept <input type="checkbox"/>		
	<b>Total</b>	\$	\$
Full course (all 3 days, dates can be split)		\$300 <input type="checkbox"/>	\$150 <input type="checkbox"/>

**Venue:** SHQ, 70 Roe St, Northbridge (Corner Lake & Roe St) WA 6003

**Payment Method** (please tick):

Cheque: please make payable to The Family Planning Association of WA (Inc.)

Credit Card  EFT Please email [katrina.duncan@shq.org.au](mailto:katrina.duncan@shq.org.au) for details.  
Card Type : VISA / MASTERCARD

Full name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Amount to be paid: \_\_\_\_\_

Name of person or organisation making payment: \_\_\_\_\_

I identify as an Aboriginal or Torres Strait Islander person Yes  No

Gender: \_\_\_\_\_

Is there anything that may be helpful for the trainers to know, e.g. hearing difficulty, difficulty with reading/writing? \_\_\_\_\_

Do you have any special food requirements \_\_\_\_\_  
(Morning and afternoon tea provided—not lunch)

**This registration becomes a tax invoice on payment. Keep a copy for your records.**

**ABN 152 750 99 026 Prices valid until 31/12/2020**

**Your Manager needs to sign their approval for you to attend over page.**

## **Declaration** (*all applicants must complete*)

I declare that to the best of my knowledge the information given in this application is correct and complete. I have read and agree to abide by the *Fees and Refunds Policy* of SHQ. I understand my registration will not be confirmed until full payment has been received by SHQ prior to course.

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

## **Fees and Refunds Policy**

An applicant's place in a course is not confirmed until SHQ has received full payment of course fees.

**Please read the SHQ Refunds Policy at our website:**

[shq.org.au/bookings-and-refunds-policy/](http://shq.org.au/bookings-and-refunds-policy/)

**Please also note:**

A cancellation for a course or a deferral request must be given in writing.

## **Privacy Statement**

SHQ respects your privacy. In line with the Privacy Act 1988, SHQ will store all personal information in a secure manner to be accessed by authorised staff only. Personal and sensitive information collected by SHQ is not shared with other organisations or government bodies except where there is a legislative requirement to do so. The above information is required for administrative purposes only.

## **Manager approval to attend**

Manager name \_\_\_\_\_ Phone \_\_\_\_\_

I give approval for \_\_\_\_\_ to attend this training.

I have read the *Fees and Refunds policy*.

Manager signature \_\_\_\_\_

**Please email this registration form to [katrina.duncan@shq.org.au](mailto:katrina.duncan@shq.org.au)**

**or fax to 08 9227 6871**

**For more information please email [katrina.duncan@shq.org.au](mailto:katrina.duncan@shq.org.au)**

**or call 08 9227 6177**