



COURSE REGISTRATION FORM

*(Please fill out all fields marked *)*

* Course Title: _____

* Course Dates: _____

*Name: _____

Date of Birth: _____

*Phone: _____

*Email: _____

*Organisation: *(if applicable)*: _____

*Email Address for correspondence of Invoice:

*Email Address for correspondence of Certificate of Participation:

(please circle) * Male / Female Aboriginal and/or Torres Strait Islander: Yes / No

Do you have any dietary or access requirements? _____

*Learning needs: **(This assists us to cater to your needs in training sessions)**

1. *What do you expect to gain from the workshop?*

2. *How is this course relevant to your work / role?*

3. *How would you rate your knowledge and experience of the course topic?*

(Please circle)

1. None

2. Little

3. Moderate

4. Above average

5. A lot

I have read the course outline and information and I accept the conditions of enrolment.

*Signed: _____ Date: _____

*Please return this form no later than 10 days prior to course to request an invoice for your payment by either cheque or by electronic funds transfer (EFT) to
Cross Cultural Consultants Email: Marissa@cccnt.com.au*