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| **HR 101 CENTACARE TRAINING REGISTRATION** |

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| **Workshop Title** |  | **Code** | TRN \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Workshop Location** |  | **Date** |  | |
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| **PARTICIPANT DETAILS** | | | | |
| **Name** |  | | | |
| **Organisation Name**  *(If applicable)* |  | | | |
| **Contact Email** |  | **Contact Phone** | |  |
| **Postal Address** |  | | | |

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| **DIETARY REQUIREMENT *(if applicable)*** |
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| **PAYMENT DETAILS** | | |
| **Price of Workshop** |  | |
| **Please pay on receiving of a Centacare Tax Invoice** | | YOUR Purchase Order Number: |

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| **CONSENT** | |
| I understand my information will be stored by Centacare | |
| I consent to my information being entered into FRSP online | 🞎 Yes 🞎 No |
| I consent to being contacted by this agency on behalf of FaHCSIA, AGD and/or their agents, at a later date to participate in follow up, research, or program evaluation activities. | 🞎 Yes 🞎 No |
| I understand that all personal information provided will be treated confidentially by Centacare. | 🞎 Yes 🞎 No |

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| **PHOTO CONSENT** |
| On occasion, Centacare will document events through the use of audio, video and/or still photography. These recordings may then be used by Centacare in appropriate publications including but not limited to newsletters, flyers, brochures and websites. If you do not consent to having photos/audio/audiovisuals of you participating in this activity used in promotional materials, please indicate below and you will be provided with instruction on how to be excluded upon signing in at the registration desk.  🞎I CONSENT 🞎 I DO NOT CONSENT Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TRAINING TRANSFER AND CANCELLATION**

Please note, prices are subject to change. Centacare: Catholic Diocese of Rockhampton reserves the right to cancel or postpone a course to an alternative date. All registered participants will be issued with a full refund or the opportunity to transfer to the next available course.

Cancellations and transfers will be accepted up to 5 working days prior to course commencement. Cancellations and transfers given less than 5 working days but before 3 working days prior to commencement will incur a 25% administration fee. No refunds will be issued for non-attendance on the day or for cancellations or transfers with less than 3 working days notice.

**I hereby agree to the above conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)**

**EMAIL YOUR COMPLETED APPLICATION TO** [**registrations@centacare.net**](mailto:registrations@centacare.net)