

University of Ballarat
VIOASH Australia

One Day HSR Refresher Training

Registration Form
2008

Surname: _____

Given Names: _____

Date of Birth: Day ____ Month ____ Year ____ Gender: Male Female

Address: _____

Telephone: Home _____ Work _____

Email: _____

What is your highest completed school level?

Year 12 (HSC/VCE/Form 6) Year 11 (Leaving/Form 5)

Year 10 (Intermediate/Form 4) Year 9 (Form 3) or lower

Since leaving school have you completed any qualifications? Yes No

If YES, then tick any applicable boxes

Trade Certificate Advanced/Technician Certificate

Certificate other than above Associate Diploma

Undergraduate Diploma Degree or Post Graduate Diploma

Do you consider yourself to have a permanent and significant disability? Yes No

If YES, then tick any applicable boxes

Visual/Sight/Seeing Hearing

Physical Intellectual

Chronic Illness Other

Do you require special assistance because of the disability? Yes No

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Were you born in Australia? Yes No

If NO, in which Country were you born? _____

Do you speak a language other than English at home? Yes No

If YES, please specify language spoken _____

Course Dates:

- 14 May, 2008
- 20 October, 2008

Payment: (\$220 per person including GST)

Please find attached cash/cheque in the amount of \$ _____

or

Please invoice me as per the details below

or

Please debit my credit card (please complete the details below)

- Bankcard
- Mastercard
- Visa
- Amex

Card No.

Expiry Date: _____ Amount of Purchase: _____

As payment for: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Date: _____

Name: _____

Address: _____

Please return completed Registration Form to:

**Jennie Sykes
VIOSH Australia
University of Ballarat
PO Box 663
Ballarat Vic 3353**

**Telephone: 03 5327 9150
Facsimile: 03 5327 9151**