Family Worker Training + Development Programme Inc
2008/2009 TRAINING REGISTRATION FORM

Family Worker Training + Development Programme INC.
Ph: (02) 9620-6172
Fax: (02) 9620 6173
www.fwtdp.org.au

This is your Tax Invoice: ABN: 54 960 560 044 **(All fees include GST)**

Please ensure **ALL** sections are answered, even if it seems to be irrelevant

as incomplete forms might not be accepted.
we **do not** issue receipts or other invoices.

Please **PRINT** clearly

Registrations are Required 2 Weeks Prior to Training to ensure place:

Course Code: **Date:** **Venue:**

Cost:

Unless Otherwise Stated ALL Courses: (Full Day $60 NGO/$120 Govt)
(Half Day $40 NGO/$65 Govt)

NO PHONE or EMAIL bookings will be accepted

Attendee Name: _____

Current Role: _____

Gender: ❑ Female ❑ Male
Cultural Background: ❑ Aboriginal/Torres Strait Islander ❑ CALD or ❑ Other (Anglo)

Have you attended FWTDP Training events before? ❑ **Yes Often** ❑ **Yes Occassionally** ❑ **No**

Has your agency sent other workers to FWTDP Training before? ❑ **Yes Often** ❑ **Yes Occassionally** ❑ **No**

For any special dietary requirements please contact the relevant Project Worker

Name of Organisation: _____

Work Postal Address: _____ **P/Code:** _____

Work Phone: _____ **Work Fax:** _____

Mobile: _____

EMAIL: _____ ***(email must be provided)***

Are you a member of FWTDP ❑ **Yes** ❑ **No**

Organisation Type: (Please tick √)

- ❑ Families N.SW Project (CP)
- ❑ Families N.SW. Project (Nepean)
- ❑ Family Support Service
- ❑ Children's Service
- ❑ ACYFS Funded Project
- ❑ SAAP
- ❑ Youth Service
- ❑ Govt Agency (specify below)
- ❑ Other (specify below)

Specify: _____

Payment Options:

1. For Credit Card or Direct Debit go to: www.fwtdp.org.au and follow the links.
2. Send a cheque or Money Order (payable to: FWT+DP) with registration form to PO Box 390, Seven Hills NSW 1730

For full Catering and other Terms and Conditions: www.fwtdp.org.au