

WESTERN STUDENT CONNECTIONS
2016 WORKSHOP ENROLMENT FORM FOR THE REAL GAME SERIES
FAX TO: 02 6885 6199

Section 1 Course Information:

1. Course Name: **The Real Game Series**

2. Date and Venue:

<input type="checkbox"/>	22 June 2016	Dubbo RSL Club Starlight Rooms	\$253.00
<input type="checkbox"/>	23 June 2016	Dubbo RSL Club Starlight Rooms	\$253.00
<input type="checkbox"/>	Both days	Dubbo RSL Club Starlight Rooms	\$462.00

3. Participant Name: _____

4. Current Workplace: _____

5. Title/Position: _____

6. Games of Interest to you:

<input type="checkbox"/> The Play Real Game	<input type="checkbox"/> The Be Real Game
<input type="checkbox"/> The Make It Real Game	<input type="checkbox"/> The Get Real Game
<input type="checkbox"/> The Real Game	

Section 2 Personal Details:

7. Preferred Name: _____

8. Residential Address: _____

Town: _____ Postcode: _____

9. Contact Details: Phone: _____ Mobile: _____

Email: _____

10. Gender: Male Female

Section 3 Other Information:

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

12. Do you consider yourself to have a disability, impairment, or long-term condition? No Yes

If yes, mark any applicable box:

Vision Hearing / Deaf Physical Intellectual Medical Condition Mental Illness
 Acquired Brain Impairment Learning Other

13. Do you require assistance because of this disability, impairment or long-term condition? No Yes

If Yes, please contact Western Student Connections

Section 4 Declaration:

I understand that workshop and course numbers are limited, that this Application **does not** guarantee me a place in the course and that I will receive confirmation and an invitation to participate on receipt of the Application. A **tax invoice will be sent to the school/campus/organisation.**

I will notify Western Student Connections of any circumstance which may pose a risk.

Signature of Applicant: _____ Date: _____

Dietary requirements: _____