**WESTERN STUDENT CONNECTIONS**

**2019 WORKSHOP APPLICATION FORM**

**EMAIL TO:** [**reception@wsc.edu.au**](mailto:reception@wsc.edu.au) **FAX TO: 02 6885 6199**

**Section 1 Course Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Course Name: | **CALM Care Suicide Awareness Workshop** | | |
| 2. Date and Venue: | |  |  |  |  | | --- | --- | --- | --- | | 🞏 | **Wednesday 11 September 2019** | Dubbo |  | | | |
| 3. Participant Name: |  | | |
| 4. Current Workplace: |  |  |  |
| 6. Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**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 numbers are limited, that this Application **does not** guarantee me a place in the course and that I will receive confirmation on receipt of the Application.

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

🞏 I will notify Western Student Connections if I am unable to attend. Failure to notify will mean workshop fee must be paid.

🞏 Workshop cost is $110.00 (incl. GST) per participant.

**A tax invoice is to be made out to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary requirements for afternoon tea:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_