

# 2009 CCWT Registration Form

## Tax Invoice

ABN: 24 459 406 828

### Instructions:

- Photocopy and complete all relevant sections
- Please print clearly
- If registering for Diploma of Management please download the appropriate form from the website [www.acwa.asn.au](http://www.acwa.asn.au)
- Read the terms and conditions
- Please fill in all fields marked with an asterisk (\*)
- For online registration go to: [www.acwa.asn.au](http://www.acwa.asn.au)

**Attach your payment and post completed form to:** ACWA/CCWT, Locked Bag 13, Haymarket NSW 1240  
**If paying by credit you can fax your registration to:** 02 9281 8827

### Personal Details

*First Name:	<input type="text"/>	*Surname:	<input type="text"/>		
*Date of Birth:	<input type="text"/>	Female:	<input type="checkbox"/>	Male:	<input type="checkbox"/>
*Job Title/ Position:	<input type="text"/>	Program/ Section:	<input type="text"/>		
*Organisation:	<input type="text"/>				
*Mailing Address:	Work: <input type="checkbox"/>	<input type="text"/>			
	OR				
	Home: <input type="checkbox"/>	<input type="text"/>			
<i>Note: Your work address is required if your organisation is paying for training. Your home address is required if you are paying for training.</i>					
*Email:	<input type="text"/>				
*Phone (Work):	<input type="text"/>	*Phone (Home):	<input type="text"/>		
*Mobile:	<input type="text"/>	*Fax:	<input type="text"/>		

Please make sure personal details are **clearly** printed and correct

Will you need special assistance during training and/or assessment? Yes:  Please specify:   
No:

Please indicate if you identify as:  Aboriginal or Torres Strait Islander OR  Culturally and Linguistically Diverse background

*My service is an AWCA member? Yes: <input type="checkbox"/> If yes, write ACWA	<input type="text"/>	*I or my service is registered for the training discount service Yes: <input type="checkbox"/> If yes, write VIP	<input type="text"/>
No: <input type="checkbox"/> Membership Number:	<input type="text"/>	No: <input type="checkbox"/> Subscription Number:	<input type="text"/>

If you provided an **email address**, we will **confirm your registration** seven days prior to event

### Course Details

I understand that by lodging this form I am agreeing to CCWT's Terms & Conditions on p 48 Signature: \_\_\_\_\_

*Course Title:	<input type="text"/>				
*Course Code:	<input type="text"/>	*Venue:	<input type="text"/>	*Course Date/s:	<input type="text"/>

Venue addresses are on page 10  
Go to [www.acwa.asn.au](http://www.acwa.asn.au) to access site maps

Faxed registrations can **only** be accepted  
with credit card details

### Payment Details

**RGF and Court Drug Diversion** team members can use '**Free Training Numbers**' when registering for courses. One number must be used for each day of training, otherwise payment must be included with registration. No numbers are required for specialist training which is indicated by a "P" at the beginning of the course code.

Day 1: \_\_\_ - \_\_\_ - \_\_\_ Day 2: \_\_\_ - \_\_\_ - \_\_\_ Day 3: \_\_\_ - \_\_\_ - \_\_\_  
Day 4: \_\_\_ - \_\_\_ - \_\_\_ Day 5: \_\_\_ - \_\_\_ - \_\_\_ Day 6: \_\_\_ - \_\_\_ - \_\_\_

\*Total Amount Payable: \$  **Note: CCWT courses are GST free**

Enclosed is a cheque (payable to 'ACWA') AND/OR  Voucher(s) attached - Voucher Number(s): \_\_\_\_\_ AND/OR

Use CCWT credit held in the name of: \_\_\_\_\_ AND/OR  
First Name Surname Course Code or Title

Please charge my credit card in the amount of: \$ \_\_\_\_\_  VISA  Mastercard  AMEX

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_

Cardholder's Name:  Cardholder's Signature:

### Office Use Only:

<input type="checkbox"/> RN: _____	<input type="checkbox"/> WL: _____
<input type="checkbox"/> INV: _____	<input type="checkbox"/> TF: _____
<input type="checkbox"/> RD: _____	First Name Last Name Course Code