

ACCESS WORKING CAREERS / EFFECTIVE AUSTRALIA TRAINING REGISTRATION FORM

(Please Print)

1. PERSONAL DETAILS

Title: Mr / Mrs / Ms / Miss / Other (specify) _____ **Gender:** M / F

Family Name: _____

Given Names: _____ (as you wish it to appear on your Certificate)

Address: _____ **Post Code:** _____

Phone (Home): _____ **(Mobile):** _____

Fax: _____ **Email:** _____

2. EMERGENCY CONTACT

Name: _____ **Phone:** _____

Relationship: _____ **Address:** _____

Special Dietary Needs? (for catering purposes) _____

3. EMPLOYER DETAILS

Company Name: _____

Job Title: _____

Address: _____ **Post Code:** _____

Phone (Work): _____ **(Mobile):** _____

Fax: _____ **Email:** _____

Manager's / Supervisor's Name: _____

4. COURSE ENROLMENT DETAILS: Rehabilitation and Return to Work Coordinator Training (SA)

(please tick the course you wish to attend)

Location	Duration (Days)	Dates		Cost	
ADELAIDE	1	January 2012	23 rd	\$250.00	<input type="checkbox"/>
ADELAIDE	1	June 2012	6 th	\$250.00	<input type="checkbox"/>
ADELAIDE	3	January 2012	23 rd - 25 th	\$585.00	<input type="checkbox"/>
ADELAIDE	3	March 2012	5 th - 7 th	\$585.00	<input type="checkbox"/>
ADELAIDE	3	June 2012	6 th - 8 th	\$585.00	<input type="checkbox"/>

- Training sessions are conducted between 9:00am-3:30pm for 3 consecutive days and between 9:00am-3:30pm for the 1 day sessions.
- Morning tea, lunch and afternoon tea are provided.
- Held at [Effective Australia, 36 Beulah Road Norwood SA 5067](#)

Cancellation Policy

All cancellations must be made in writing. Please forward notification to fax: (08) 8132 3232 or email: enquiries@rrtwc.com.au.

Cancellation fees apply according to the number of days' notice given and are based on the value of venue, catering and equipment hire.

*Registration cancellations up to 7 business days*** prior to the first training date receive 100% refund.*

*Cancellations up to 5 business days*** prior to the first training date receive 50% refund.*

*Cancellations less than 2 business days*** prior to the first training date will result in the full fee being charged*

5. PAYMENT DETAILS

Payments can be made by Cheque**, Credit Card or Electronic Funds Transfer (EFT)*.

EFT BSB No: 035 016

Account No: 128 316

Reference / Full Name of Participant: _____

Amount: \$ _____

Credit Card Type: Visa Mastercard

Name on Card: _____

Credit Card No.: _____

Expiry Date: (mm/yy) _____ / _____

Signature: _____

Amount: \$ _____

6. AUTHORITY

I understand that upon completion of the RRTWC Training my name/employer/Training Certificate no. will be provided to WorkCover SA.

I understand that my personal details may be supplied to WorkCover SA for the purpose of audit.

Participant's Signature: _____ **Date:** _____

Should you have any queries regarding your registration or for further course information, please contact Effective Australia on 8132 3200 or email: enquiries@rrtwc.com.au

* For payments made by EFT, Please attach proof of payment to you Registration Form

** Cheques can be made payable to Effective Australia, 36 Beulah Road, Norwood SA 5076

*** Business days is defined as Monday – Friday