

(Use a separate form for each applicant. If more than one applicant from the same organisation)  
Please complete the fields below

## APPLICANT GENERAL INFORMATION

**Name:**

**Organisation:**

**Address:**

**Landline:**  **Mobile:**

**Fax:**  **Email:**

**Professional Discipline or other base qualifications:**

## WORKSHOP INFORMATION

**Name of workshop:**

**Date of workshop:**

**Location of workshop:**

**Special needs (wheelchair, diet, other):**

## PAYMENT OPTIONS (please tick one)

1) Cheque

2) Payment on receipt of invoice: