



Training Course Registration Form **REGISTRATION DETAILS.**

Please register me for the following Leader Training Course:
COURSE IN MANAGEMENT OF MUSCULOSKELETAL CONDITIONS.
ARTHRITAS03A 'LEAD A WARM WATER EXERCISE CLASS FOR PEOPLE
WITH MUSCULOSKELETAL CONDITIONS'

Course: Leader Training

Date: 4th, 5th and 6th March 2011

Location: Launceston

Cost: \$400 (GST free)

Leader Update

Date: 3rd September 2011

Location: Hobart

Cost: \$110 (GST free)

Course: Leader Training

Date: 5th, 6th and 7th August 2011

Location: Hobart

Cost: \$400 (GST free)

Leader Update

Date: 5th November 2011

Location: Ulverstone

Cost: \$110 (GST free)

Name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb/Town: _____ **Post Code:** _____

Email: _____

Daytime contact no: _____

SUPPORT ORGANISATION:

All course participants must complete this section:-

The Support Organisation is the organisation you will be running classes for on completion of this Leader training course.

Name of Support Organisation: _____

Name of Contact Person: _____

Position held by Contact Person: _____

Postal Address: _____ Post Code: _____

Telephone: (w) _____ (email) _____

If you do not have a dedicated Support Organisation, would you be prepared to volunteer for Arthritis Tasmania as a TCA Instructor/ Leader?

Yes **No**

Please Note: If you are prepared to volunteer your services to Arthritis Tasmania there is a possibility of a training fee rebate for this workshop. Please contact Arthritis Tasmania to discuss this

PLACES ARE LIMITED, SO EARLY REGISTRATION IS ADVISED IN ORDER TO SECURE A PLACE IN THE COURSE

PAYMENT DETAILS:

Cost includes all training materials, morning and afternoon tea and a light lunch.

- Cheque or money order made payable to 'Arthritis Tasmania'
- Direct payment to **Arthritis Tasmania, BSB: 017 010 Account No 3416087**
- Credit Card Number: / / /
- Expiry: / Name on card: _____
- Signature: _____
- Invoice to my Support Organisation

PERSONAL DETAILS:

All personal and medical history information is kept strictly confidential.

1. Profession, qualifications or relevant experience
Note: Please check eligibility criteria for the course for which you are applying before completing this segment.

2. Do you have any medical conditions that may affect your participation in this training course, and/or your ability to fulfill the role of Leader? If yes please provide details:

PARTICIPANT'S AGREEMENT:

The following must be signed in order for your registration to be complete.

Refund Policy: All cancellations must be notified in writing. Cancellations received one week prior to the workshop will be given a refund of 80% of the course cost. If cancellation occurs after this time there will be no refund given except in extreme medical circumstances (doctor's certificate required). Registration is transferable to another member of your support organization.

Privacy Statement: I understand that my name, address and contact details (as provided on this form) will be added to the Arthritis Tasmania database for advance notice of education and training programs. From time to time, Arthritis Tasmania will contact me with various opportunities for supporting people with musculoskeletal conditions and research projects. I understand that Arthritis Tasmania will not on-sell my personal details to any other organisation and that Arthritis Tasmania complies with the Privacy Amendment (Private Sector) Act 2000.

I, (please print your name) _____ wish to participate in the Leader training course as stated on this application form. I have both read and understood the Refund Policy and Privacy Statement above.

Signature _____ Date _____

Please return completed form to:

Arthritis Tasmania, 127 Argyle Street, Hobart, Tasmania, 7000
Email: info@arthritistasmania.com.au Phone: (03) 62312988 Fax: (03) 6234 4899