**Supporting People Experiencing Grief Loss and Bereavement 2018**

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| APPLICANT DETAILS \*Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Given name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_(optional)  Male  Female  Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_  \*Postal Address (if different from above):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_  \*Telephone number/s Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Selected preferred date:**  **Thursday 14 June 2018**  **Thursday 29 November 2018**  **What do you hope to achieve by completing this course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Where are you currently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is your current role?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Investment:** $125 (inclusive of GST)  **Please accept my payment for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Cheque (payable to Banksia Palliative Care Service)  Visa  Mastercard  **Card Holder Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Card Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expiry date**: \_\_\_\_\_/\_\_\_\_\_ |

**Please complete the enrolment form and scan and email it to Nerida Morton at:**

learningcentre@banksiapalliative.com.au

Alternatively, you may fax the completed enrolment form to: (03) 94553199

or post it to:

Nerida Morton

Educator

Banksia Palliative Care Service Inc

472, Lower Heidelberg Road

Heidelberg 3084

**Fees and Refunds**

* Fees are due for payment before the commencement of the course
* Substitution of participants may be made prior to the commencement of the program without additional cost – substitution details must be received in writing
* Currently an administration fee of 10% will be levied if a cancellation is received less than 7 days prior to the course date
* No refunds available within 7 days of the course date but a replacement name is acceptable.

**General Information**

**Dates:** Thursday 14 June 2018

Thursday 29 November 2018

**Time:** 0930-1600hrs

**Venue:** Banksia Palliative Care Service

472 Lower Heidelberg Rd

Heidelberg, Vic 3084

* Banksia Palliative Care Service is a 10 minute walk from Heidelberg station
* For just $5 there is all day parking available at the oval, Warringal Parklands - see Melways Reference Map 32 C4
* Morning and afternoon tea and refreshments will be provided
* BYO lunch, note there are cafes nearby if you choose to purchase your lunch on the day
* A certificate will be issued to all attendees on completion of the course.