

Section A: Course Details (All details must be supplied. Please print in BLOCK letters.)

Course Name:			
Venue:			
Date:		Time:	

Section B: Applicant Details (All details must be supplied. Please print in BLOCK letters.)

First Name:			Family Name:			
Position Held:						
Telephone:	Work:		Home:		Mobile:	
Email:						
Is your program HACC funded?					Yes / No	
Do you have any special learning requirements that you will need assistance with? Please state needs.						

Section C: Manager's Authorisation (All details must be supplied. Please print in BLOCK letters.)

Agency Name:					
Agency Address:					
Manager's Name:					
Manager's Signature:					
Telephone:	Work:		Mobile:		
Manager's Email:					

How would you rate your current level of knowledge of the above named Course?

No familiarity _____ *Some familiarity* _____ *Good familiarity* _____

Do you have any particular topics or issues you would like covered in this course?

What is your preferred method of learning in the face-to-face training situation?

Role plays _____ *small group work* _____ *interactive discussion* _____

videos _____ *Other* _____

The Western Region HACC Training Committee request you read and sign the following:

*I understand that failure to notify the training provider within 48 hours of my inability to attend this course or **non-attendance** will result in my workplace being charged a \$55 late cancellation fee.*

Applicant's Signature: _____

IMPORTANT: To ensure you are registered in this course, this form must be returned to the HACC Training Administration Officer at least **TWO (2) WEEKS** before date of Course:

- **Email:** haccadmin@cotavic.org.au
- **Fax:** 9654 4456
- **Mail:** HACC Training, c/- COTA, 4th Floor, Block Arcade, 98 Elizabeth Street, Melbourne 3000