



HACC Training Participant Application Form

Course Details:

Title of course

Date of course

DHS Region

Course venue

Personal Details:

Given name

Family name

Contact Details:

Business name

Business address

Postcode

Position held

Phone numbers:

Business

Home/Mobile

Email address

Fax number

Address for
correspondence

Postcode

Authorisation:

Manager's given name

Family name

Manager's phone number

Email address

Have you been authorised by your manager to attend this training course? (You must have approval from your manager to attend the training) Yes / No

Do you have any specific learning requirements and/or other support needs?

- ** Please note:**
- **cancellation or non attendance may attract a fee**
 - **participants are expected to attend all sessions of a course**
 - **information contained on this form is used for statistical and planning purposes only**

Please forward completed application form to:

Student Liaison Coordinator
RDNS Helen Macpherson Smith Institute of Community Health
31 Alma Road, St Kilda Vic 3182
Phone: (03) 9536 5241 Fax: (03) 9536 5300
Email: jhollins@rdns.com.au