



Aged Services Network
Western Region



home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

HACC TRAINING REGISTRATION FORM

Section A: Course Details

Course Name:			
Venue:			
Date:		Time:	

Section B: Applicant Details

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

Section C: Agency/Manager's Details

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 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 Barbara Lewis, HACC Training Administration Officer at least **TWO (2) WEEKS** before date of Course:

- **Email:** haccadmin@cotavic.org.au (Note new email address)
- **Fax:** 9654 4456
- **Mail:** ASN Training, c/- COTA, 4th Floor, Block Arcade, 98 Elizabeth Street, Melbourne 3000