



ABN: 66 329 169 412

QCMHL Workshops
(Mental Health Clinical – Supervisor Trg)
Training Registration Form
 Email : gcmhltraining@health.qld.gov.au



PERSONAL DETAILS			
Title:	First Name:	Last Name:	
Postal Address:			Post Code:
Phone:	Home:	Work:	Mob:
Email:	* You MUST provide an email address for confirmation and documents to be emailed to you.		


How did you hear about our programs?

- Email
 Brochure
 Poster
 QCMHL Website
 Colleague
 Other (Please specify) _____

Employment Details	
<input type="checkbox"/> Queensland Health Employee District:..... Department: Occupation:..... Payroll Number:	<input type="checkbox"/> Other Qld Government Employee Organisation:..... Address:..... Occupation:.....
<input type="checkbox"/> Non-government Organisation (NGO): Organisation Name and Address:..... Occupation:	
<input type="checkbox"/> Mental Health Employee	<input type="checkbox"/> Non Mental Health Employee

TRAINING DETAILS			
Workshop Code	Name of Workshop	Date	Scheduled Fee

SPECIAL NEEDS / REQUIREMENTS		
	Yes	No
Do you have any special needs which may impact on how this training should be delivered to you? (eg: wheelchair access)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either of these questions, please provide details:		

 <p>Queensland Government Queensland Health</p> <p>ABN: 66 329 169 412</p>	<p>QCMHL Workshop (Mental Health Clinical – Supervisor Trg) Training Registration Form</p>	
---	---	---

SUBMIT YOUR COMPLETED REGISTRATION FORM TO:

<p>Post to: QCMHL - Training Administrator The Park – Centre for Mental Health Locked Bag 500 SUMNER PARK BC QLD 4074</p>	<p>Fax to: QCMHL The Park – Centre for Mental Health (07) 3271 8851</p>
--	--