

REGISTRATION FORM

IT IS ESSENTIAL THAT ALL DETAILS BELOW ARE COMPLETED IN CASE COURSE DETAILS ARE CHANGED

First Name: Last Name:

Organisation: Organisation ABN:

Invoice to be sent to:

Service Type: Service Name:

Position: Area of Coverage:

Mobile: Email:

Mailing Address:

Course Details:

Title:

Date/s: Venue:

Special Requirements:

PLEASE TICK ONE OF THE FOLLOWING

Inner west RAS/HCP | CHSP/HSP
Coordinators | Service Assessment and
Intake Staff | Managers responsible for CHSP
Services | Out of area CHSP and Non-CHSP
Funded Providers | **\$105.50***

Inner West CHSP Service Specific Staff |
\$49.50*

EO Finance Officer

Inner West CHSP Service Volunteers and
Students | **FREE OF CHARGE**

Manager Coordinator

Out of Area Other

* GST Inclusive

Marina Antonas

☎ 0408 490 011

@ iwats@eccnsw.org.au

🏠 www.innerwestagedcareservices.org.au



**INNER WEST AREA SECTOR SUPPORT
DEVELOPMENT & TRAINING SERVICE**

Funded by the Australian Government Department of Health



**Ethnic Communities'
Council of NSW Inc.**