



Mental Health First Aid Registration Form

Course: Mental Health First Aid, Alice Springs (22nd and 23rd July 2019)

Where:	ASYASS Training room Shop 7, Diarama Village, Larapinta Drive					
When	: <u>08:30 – 16:00 Mon</u>	08:30 – 16:00 Monday 22 nd and Tuesday 23 rd July 2019				
Note	Morning, afternoon tea and light lunch provided. Fridge and microwave available for use if required.					
Your Personal I	Details (one registrat	ion form per partici	pant)			
Surname:			Given Name/s:			
Preferred Name:	:		_ Contact Phone :			
Organisation:	:		Position/Title:			
Postal Address:	·					
Email Address:						
I identify as: (Plea	ase tick releva <u>nt box</u> /es)					
Male	Female	Other:				
Aboriginal / Torres Strait Islander Non English Speaking Background Other:						
Age Group:	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55+ yrs	
Special Dietary	Needs					
If you have any spe	cial dietary needs, please	detail them here;				
Payment Detail	S (Please tick relevant be	ox)				
Costs: \$260 per (\$99 per	r participant r concession)					
Bendigo Bank, Fo	n direct deposited to MHA untain Court, Bendigo Re			raining as reference)		
or						
A purchase order in Contact Name:	is attached. Please forwa): Organisation:			

To register, complete this form and drop off (14 Lindsay Ave, Alice Springs), fax (08 8952 1574) or scan and email (training@mhaca.org.au)