

COURSE APPLICATION FORM 2011

FULL NAME: _____ GENDER: M / F

POSTAL ADDRESS: _____

PHONE: Work: _____ Home: _____

Fax: _____ Mobile _____

Email: _____

DATE OF BIRTH: _____ IS ENGLISH YOUR FIRST LANGUAGE? _____

CURRENT JOB TITLE: _____

CURRENT EMPLOYER/PLACE OF WORK: _____

DATE STARTED: _____

FOR DOCTORS ONLY - Please advise:

QA & CPD No.: _____

Date expiry NT Medical Registration: _____

Medical Insurer: _____

Qualifications: (please list your highest relevant qualifications)

Qualifications	Year	Institution

Professional Experience: (please list your relevant work experience)

Job Title	No. of years employed	Employer

Which Course are you applying for? (please tick ✓ in box next to date)

Course Name	Location	✓	Course Dates
Men's Sexual Health for Aboriginal Health Workers (AHW413A)	Darwin		9 May 2011 – 13 May 2011
Women's Sexual Health for Aboriginal Health Workers (AHW414A)	Gove		27 June 2011 – 1 July 2011
Women's Sexual Health for Aboriginal Health Workers (AHW414A)	Darwin		29 August 2011 – 2 September 2011

Signed: _____ Date: _____

Please return completed application form to:

Family Planning Welfare Association of the NT Inc
P.O. Box 503, Nightcliff NT 0814
ph: 08 89480326 fax: 08 89480626
email: admin@fpwnt.com.au

<i><u>FPWNT Administration Office to complete:</u></i>			
Acceptance letter posted _____			Yes / No
Invoice No _____	Sent. _____	Paid _____	Yes / No
Resources material posted. _____			