



Pilot Project

Volunteer Training Seminars 2010© For Meet & Greet Volunteers and Therapists

APPLICATION FORM AND TAX INVOICE
ABN 61 116 807 704

*It is essential that you complete all sections of this form.
Once your enrolment has been accepted this form
becomes your Tax Invoice (if applicable).
Please photocopy for your records before sending
to us.*

OFFICE USE ONLY
SC Code:
Receipt:

Name:	
(Please Print)	First Last
Preferred Mailing Address:	
Email Address: (For notification of enrolment acceptance)	
Position/Workgroup: (i.e. Therapist + type/Volunteer/Hospital staff).....	
Workplace:	SJOG SCGH BUNBURY Private.....
Daytime Phone No:	Mobile No:

Course Title:	Volunteer Training Seminar
Date/s of Course:	Friday March 5th and Friday March 12th
Fee	\$20 (includes morning & afternoon refreshments)
Dietary Requirements:.....	
Please fax or post your application form/s together with payment to: (or hand it to your volunteer co-ordinator)	
Fax: (08) 9346 3793	Post: PO Box 7144, SHENTON PARK WA 6008
Please charge \$ _____ to my: VISA MASTERCARD (please circle)	
Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Expiry Date: _ _ / _ _
Signature:	
Name on Card: (Please Print).....	