



# Registration Form

Alzheimer's Association  
QUEENSLAND

Registered Training Organisation (RTO 30213)

**TAX INVOICE – This form becomes a tax invoice upon payment. ABN 74 688 640 790**

## PARTICIPANT DETAILS (Please print in block letters)

*One form per person – please photocopy for multiple use*

Please fill in all details, however sections with a \* are **compulsory**

\*Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ \*D.O.B: \_\_\_\_\_

Name of workplace: \_\_\_\_\_

\*Daytime phone no: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Unique Student identifier (USI) \_\_\_\_\_

Do you wish correspondence to be sent to home  or work ? (Please tick)

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

If participant is under 18 years of age:

Parent or guardian's name: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_

Special requirements – health/dietary/physical: \_\_\_\_\_

\_\_\_\_\_

Where did you hear about the course? \_\_\_\_\_

Please add me to your mailing list

COURSE NAME	DATE	LOCATION	COST
<b>TOTAL: \$</b>			
<b>TOTAL PAYMENT ENCLOSED: \$</b>			

Cheque/money order (payable to Alzheimer’s Association of Queensland Inc.)

Mastercard       Visa

Card No: \_\_\_\_\_ CVC No: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**COURSE CONDITIONS**

**Payment:** To be made in full and must accompany the registration form.

**Enrolments:** Registration is essential as participant numbers in each course is limited.

**Recognition of Prior Learning:** For all Nationally Recognised Training, an RPL kit is available on request.

**Award:** A Statement of Attainment will be issued on successful completion of Nationally Recognised Training listing the units of competency achieved. A Statement of Attendance will be issued listing the course content covered, following successful completion of professional development programs.

**Student Support:** A full range of welfare and guidance services is available.

**Cancellations and Refunds:** No refunds given unless the cost of the course exceeds \$100. No refunds on distance packages.

A full refund will only be issued if:

- (a) Payment is received and the course is cancelled by the Alzheimer’s Association of Queensland Inc.
- (b) A 10% administration charge will be deducted if the participant cancels eight (8) or more days before commencement of the course. Monies will not be refunded if participant cancels within seven (7) days of commencement of course or for missed sessions.

I have read and understand the conditions set out on this form

Signature: \_\_\_\_\_

**Please return registration form with payment details to:**

Alzheimer’s Queensland, 47 Tryon Street, Upper Mount Gravatt QLD 4122

or fax to: (07) 3343 2557

or email to: [administration@alzheimeronline.org](mailto:administration@alzheimeronline.org)

**Further course enquiries to: 1800 639 331 or [www.alzheimeronline.org](http://www.alzheimeronline.org)**

**OFFICE USE ONLY:**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_      Receipt number: \_\_\_\_\_

*The following information is required for Distance Education Modules*

**PARTICIPANT DETAILS (PLEASE PRINT IN BLOCK LETTERS)**

As part of national standards for training organisations the additional information is required for our records. As per all information this is private and confidential. **All questions compulsory**

1. In which country were you born? \_\_\_\_\_

2. Do you speak a language other than English at home?  Yes  No

If yes, main language spoken at home: \_\_\_\_\_

3. Do you identify with being Aboriginal or Torres Strait Islander?  Yes  No

4. Do you consider yourself to have a disability, impairment or long-term conditions?  Yes  No

If yes, please indicate disability: \_\_\_\_\_

5. What is your highest completed school level and what year?

\_\_\_\_\_

6. What is your highest level of education? (i.e. certificate, diploma, degree etc)

\_\_\_\_\_

7. What is your current employment status? (i.e. casual, part-time, full-time)

\_\_\_\_\_

8. Preferred learning style? (Please circle)

- Classroom style
- Group discussion / workshop
- Lecture style
- Distance education

9. Do you require assistance with interpreting written assessment questions?  Yes  No