

## ONLINE - Documentation – Making it Meaningful (2 Part Series)

### Quality Area 1: Educational Program and Practice

**Presenter: Fay Edwards**

Please tick all that you are available for and we will endeavour to allocate a place for you.

10,038 ☐ Wednesday 3 February AND Wednesday 24 February 2016  
Both sessions: 6.30 PM - 8.30 PM

10,040 ☐ Wednesday 4 May AND Wednesday 24 May 2016  
Both sessions: 6.30 PM - 8.30 PM

(Applications close: Wednesday 20 January 2016)  
(Early bird close: Wednesday 6 January 2016)

OR

(Applications close: Wednesday 20 April 2016)  
(Early bird close: Wednesday 23 March 2016)

| Please provide best contact phone number for technical support on the day. |                      |       |  |
|--|----------------------|-------|--|
| Name 1   | <input type="text"/> | Phone | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal |
| Name 2   | <input type="text"/> | Phone | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal |
| Name 3   | <input type="text"/> | Phone | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal |
| Name 4   | <input type="text"/> | Phone | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal |
| Name 5   | <input type="text"/> | Phone | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal |

|                   |                      |   |   |
|-------------------|----------------------|---|---|
| Service Name      | <input type="text"/> |   |   |
| Organisation Name | <input type="text"/> |   |   |
| Postal Address    | <input type="text"/> |   |   |
| Town/Suburb       | <input type="text"/> | Post Code   | <input type="text"/> <input type="checkbox"/> Work <input type="checkbox"/> Personal  |
| Email             | <input type="text"/> | <input type="checkbox"/> Work <input type="checkbox"/> Personal | PLEASE PROVIDE EMAIL FOR YOUR CONFIRMATION INFORMATION<br>Please add my email address to your contact list <input type="checkbox"/> |

**ONLINE SESSIONS ONLY** - For more information about technical requirements [CLICK HERE](#)

☐ I have read and agree to the [terms and conditions](#). Terms and conditions can be found on our website [www.workforce.org.au](http://www.workforce.org.au)

#### COST

|   |   |                         |
|---|---|-------------------------|
| <b>Please select service type:</b>                | <input type="checkbox"/> OSHC <input type="checkbox"/> FDC/ In-Home Care <input type="checkbox"/> Occasional Care   | <b>\$44</b> per person  |
| <b>SUBSIDISED (GST- free)</b>                     | <input type="checkbox"/> BSA <input type="checkbox"/> IPSU <input type="checkbox"/> ISA <input type="checkbox"/> CSW  |                         |
| <b>SUBSIDISED</b><br>CGB Kindergarten (GST- free) | <input type="checkbox"/> The Gowrie <input type="checkbox"/> C&K <input type="checkbox"/> QLECS <input type="checkbox"/> Independent Schools <input type="checkbox"/> QCEC                              | <b>FREE</b>             |
|   | <input type="checkbox"/> Budget Based <input type="checkbox"/> Indigenous Budget Based Services   |                         |
| <b>FULL PRICE (inc GST)</b>                       | <input type="checkbox"/> Long Day Care <input type="checkbox"/> Other   | <b>\$220</b> per person |
| <b>EARLY BIRD PRICE</b><br>(inc GST)              | Early bird price only applies if registration is <b>BOOKED AND PAID IN FULL</b><br>By close of business of Early bird dates Above<br>For full details please visit the Terms and Conditions link above. | <b>\$185</b> per person |

**TOTAL AMOUNT PAYABLE**  [Am I subsidised for this event? - Click here to see](#)

#### PAYMENT

**For Credit Card payments - Complete all fields of the credit card payment form below. DO NOT post the original copy or duplication of payment may occur. WE DO NOT ACCEPT CREDIT CARD PAYMENTS BY PHONE.**  
**For Direct Deposit - A tax invoice with bank details will be sent to the email address above unless an alternative is provided below. A receipt will be emailed once payment has been processed.**

#### REMITTANCE ADVICE

|                     |   |
|---------------------|---|
| PAYMENT TYPE:       | <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Direct Deposit |
| AMOUNT PAYABLE:     | <input type="text"/> Alternative Email: <input type="text"/>  |
| NAME ON CARD:       | <input type="text"/> Phone Number: <input type="text"/>   |
| CREDIT CARD NUMBER: | <input type="text"/> EXPIRY DATE: <input type="text"/>  |

**Email your completed application to [registrations@workforce.org.au](mailto:registrations@workforce.org.au) (click on the SAVE ICON below to save your registration form and attach it your email) Or fax to (07) 3234 0474. For further enquiries please phone Activities & Events: (07) 3234 0201**