



Australian Government

Cancer Australia

Aboriginal and Torres Strait Islander Train-the-trainer Workshops

Registration Form

Title: Miss Ms Mrs Mr Dr Other: _____

Name: _____

Position: _____

Organisation: _____

Phone number
(work): _____ (mobile): _____

Email: _____

Address: _____

State: _____ Postcode: _____

- Are you: Aboriginal and/or Torres Strait Islander Health Worker
 Health worker working with Aboriginal and Torres Strait Islander women
 Other _____

Note: Please contact us if you require support to attend the workshop.

Send completed form to Cancer Australia naomie.smith@nbocc.org.au

**Alternatively post to:
Cancer Australia
Attn: Naomie Smith
Locked Bag 3
Strawberry Hills NSW 2010**