



EVENT:	Learning Package Framework Program Kindoowaliny Ngaangkang Yinang-koorlangweda Koodamiyara-kwop <i>Supporting Maternal and Newborn Health</i>
DATE & SITE	Monday 29 th October – Friday 2 nd November 2012 KEMH Perth

APPLICANT DETAILS

FULL NAME:			
POSITION TITLE:			
EMAIL:			
PHONE (WORK):		MOBILE No:	
LINE MANAGER:		CONTACT DETAILS (Ph/Email):	
NAME of ORGANISATION:			
WORK ADDRESS: (MAILING ADDRESS)			
DIETARY NEEDS (e.g. diabetic, vegetarian)			
NEXT OF KIN CONTACT FOR EMERGENCIES ONLY.			
Please provide details of your role and how this relates to the course.			
STATEMENT OF COMMITMENT TO COURSE:	<p>I agree to attend and participate in the full 5 day course. Certificates of Attendance will be given on completion. A travel subsidy will not be provided for partial course attendance. Requests for travel subsidies received after 30/11/12 will not be processed. <u>All requests for subsidies must be accompanied by tax invoices related to this course.</u></p> <p>Signature of applicant: Name:</p> <p>Signature of Manager: Name:</p>		

PLEASE NOTE: Numbers are limited for this course, therefore registration is required by 10/09/12. You will be advised as soon as possible after this if your application has been successful.

REGISTRATION CLOSING DATE: 10/09/12

Send completed Registration Form to:

Aboriginal Maternity Services Support Unit

Fax: (08) 9340 1232 or Email: amssu@health.wa.gov.au

Please contact Llinos Chapman (Clinical Midwifery Consultant) for any enquiries
by ☎ 9340 2823 or ✉ Llinos.Chapman@health.wa.gov.au