## **REGISTRATION FORM**

**TURNING GOOD INTENTIONS INTO CULTURALLY SAFE PRACTICE:   
Work effectively with Aboriginal and/or Torres Strait Islander people**

|  |  |  |
| --- | --- | --- |
| **TITLE:** | MISS  MS  MRS  MR  DR  PROF | |
| **NAME:** |  | |
| **POSITION:** |  | |
| **EMPLOYER:** |  | |
| **PROVIDER No** |  | |
| **STREET ADDRESS:** |  | |
| **SUBURB:** |  | **POSTCODE:** |
| **LANDLINE:** |  | **MOBILE:** |
| **EMAIL:** |  | |
| **WORKSHOP DATE:** | Click here to enter a date. | |
| **DIETARY REQUIREMENTS:** |  | |
| **WHAT DO YOU HOPE TO LEARN BY ATTENDING THE WORKSHOP?** | | |
| **AIM ONE:** |  | |
| **AIM TWO:** |  | |

**Spaces are limited, please book early.**

**Please complete and return this registration form to the ITC Project Officer**

[**itc@iuih.org.au**](mailto:itc@iuih.org.au)

**Contact phone number 1800 254 354**