



# Training – Registration Form

Please **FAX** your completed Registration and Payment Forms to **(03) 9510 8971**  
or **MAIL** to **New Hope Training Unit, PO Box 2310, Prahran, 3181**

## Your details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title (Mr, Mrs, Ms, Dr) \_\_\_\_\_ Name of Organisation: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Do you have any dietary or special needs?  Yes  No

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

## Training Workshops (please tick) See Training Calendar for dates, times & venues

Working with Refugee Youth – Werribee

Working with African Families in Cultural Transition – Oakleigh

Mind Your Language: Communication, Interpreters, Translations – Footscray

Working with Families from Burma in Cultural Transition – Footscray

Effective Casework with Refugee Clients – Werribee

Developing a Culturally Competent Agency – Werribee

## Payment Details & Conditions of Attendance

- Cost per participant per session: \$198 (GST Incl.) Payment includes training materials, lunch, coffee/tea.
- Payment must be received 5 working days prior to the workshop to confirm your place.  
If you wish to discuss payment options, please telephone 9510 5877
- Cancellations with full refund will be made if notification is received up to 2 working days prior to the training workshop.

**I understand that the New Hope Foundation may record the event and that any resultant photos & other media may be used by New Hope Foundation in publications, brochures or on the internet.**

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

Date: \_\_\_\_\_

# Tax Invoice

New Hope Foundation Inc REG NO A35477J ABN 97 929 588 990



## Payment Details

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### Method of Payment

**TOTAL AMOUNT PAID (includes GST) \$ \_\_\_\_\_**

Please tick preferred payment option. If paying by EFT or cheque, please ensure that YOUR name is included in your agency's remittance advice.

**EFT**

EFT A/c Name: **New Hope Foundation Inc**

Bank: **Commonwealth Bank of Australia**

BSB: **063 162** Acc No: **1018 7732**

**Please indicate PAYEE name in bank reference section.**

Forward confirmation to: **shirleyL@newhope.asn.au** or fax to **(03) 9510 8971**

**Cheque**

Payable to: **New Hope Foundation Inc**

**Credit Card**

Please select type of card:  VISA  MASTERCARD

Card No:

Expiry Date:     CVC Number (last 3 numbers on back of card):

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

### Your details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title (Mr, Mrs, Ms, Dr) \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

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

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Mob: \_\_\_\_\_

Fax: \_\_\_\_\_

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

*Donations to the New Hope Foundation over \$2 are tax deductible*