



**PUBLIC REGISTRATION**

# Youth Mental Health First Aid Registration Form

**Your contact details:**

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

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Pcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

Agency: \_\_\_\_\_

Role: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

**Cost:** \$275 – includes GST, all catering and course materials.

**Course Date:** \_\_\_\_\_

\*Confirmation of attendance will be sent using email stated on this registration form

**Payment Type**

Do you require an invoice: (please circle) **Yes or No**

Are we billing the individual or organisation: (please circle) **Individual or Organisation**

Cash

Cheque/Money Order (please make payable to 'Youth Focus')

Credit Card

Visa

MasterCard

Diners

AMEX

Card Number:

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Expiry Date: \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**Please email, fax or post this form along with payment to:**



Youth Focus – 54 Goodwood Parade, Burswood WA 6100

FAX: 6266 4300. E: [elaine.konijn@youthfocus.com.au](mailto:elaine.konijn@youthfocus.com.au)