**Trauma Overview**

**Full Day Workshop Registration**

**13th August 2024**

**Workshop details**

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| **Date:** | 13th August 2024 |
| **Time:** | 9:00 am – 4:30 pm (8:45 arrival for a prompt start) |
| **Cost:** | $132 incl GST |
| **Venue:** | Subiaco location. Details will be provided to registered participants approximately 10 days prior to the workshop. |
| **Catering:** | Lunch and refreshments provided. SARC uses external caterers and cannot guarantee safety for food allergies. Vegetarian options can be requested. If you have food allergies, we recommend self-catering. |

**Participant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employer:** |  | | |
| **Job Role / Occupation:** |  | | |
| **Address:** |  | | |
| **Email:** |  | **Phone No:** |  |
| **Emergency Contact Name:** |  | **Phone No:** |  |
| **Special learning requirements:** | | | |
| **Special access or mobility requirements:** | | | |
| **Vegetarian catering requested (Y/N):** | | | |
|  | | | |
| **Payment details** | | | |

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| --- | --- | --- | --- | --- | --- |
|  | **Amount: $132**  **Cheque/money order made out to: SARC Education and Training** | | | | |
|  | Post your completed forms and payment to Education & Training, SARC, PO Box 842, Subiaco, WA 6904 | | | | |
|  | **Credit Card** (complete section below). | | | | |
|  | **VISA** | |  | **MasterCard** | |
|  | **Name on Card** | | **Card Number:** | | **Expiry Date:**       / |
| **Registration:** | | Please return completed registration forms to [SARCTraining@health.wa.gov.au](mailto:SARCTraining@health.wa.gov.au) | | | | |