

2010 PROFESSIONAL DEVELOPMENT REGISTRATION FORM

ABN: 68223819017

To register for any Spectrum courses or workshops, please complete the form below and fax to (03) 9871 3911 or send to: Spectrum, PO Box 135, Ringwood East, 3135. Phone (03) 9871 3900.

Name: _____

Current position: _____

Discipline: _____

Organisation: _____

Postal address: _____

Postcode: _____

Telephone: _____

Fax: _____

Email: _____

Please indicate your organisation type:

- | | | | | |
|---|-----------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> AMHS | <input type="checkbox"/> CAMHS | | | |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> CHC | <input type="checkbox"/> Forensic | <input type="checkbox"/> PDSS | <input type="checkbox"/> Private Hosp |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> NGO | <input type="checkbox"/> Govt (other) | <input type="checkbox"/> Statewide MH Service | |
| <input type="checkbox"/> Interstate | <input type="checkbox"/> Overseas | | | |

Please indicate your primary work setting:

- | | | | | | |
|---|---------------------------------|-----------------------------------|------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> CAT | <input type="checkbox"/> CCU | <input type="checkbox"/> CCT | <input type="checkbox"/> Inpatient | <input type="checkbox"/> MST |
| <input type="checkbox"/> Emergency Dept | <input type="checkbox"/> Triage | <input type="checkbox"/> Forensic | <input type="checkbox"/> D&A | <input type="checkbox"/> Mixed role | <input type="checkbox"/> SEC |
| <input type="checkbox"/> Management | <input type="checkbox"/> Other | | | | |

I would like to register for the following short course(s) and/or workshop(s):

- | | | |
|----------|-------------|-------------|
| 1. _____ | Date: _____ | Cost: _____ |
| 2. _____ | Date: _____ | Cost: _____ |
| 3. _____ | Date: _____ | Cost: _____ |

Spectrum will send you a letter to confirm your registration. If you have not received this letter within two weeks of sending your application, please call the Spectrum training co-ordinator.

Eastern Health will send out a separate invoice. Fees must be received three days prior to the course starting.

NOTE: If payment is to be made by your organisation, please complete the following section:

Name of organisation: _____

Attention to: _____

Address: _____

Spectrum reserves the right to cancel courses that do not achieve minimum participation, in which case, all fees will be refunded. Fees will be refunded, in full, if participants withdraw more than three working days prior to the commencement of the course. There will be no refund for withdrawals within three working days of the commencement of the course.

OFFICE USE ONLY

Registered

Confirmation letter sent

Invoice completed