

Please write clearly in CAPITAL LETTERS

WORKSHOP DETAILS

Our organisation is interested in the following training:

Number of participants *

Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>
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Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>
Workshop title	<input type="text"/>	<input type="text"/>

* minimum number of 15 participants applies

ORGANISATION DETAILS

Org name	<input type="text"/>	
Org contact	<input type="text"/>	
Job Title	<input type="text"/>	
Email	<input type="text"/>	
Tel (M)	<input type="text"/>	Tel (W) <input type="text"/>
Address/ training location	<input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-between;"> State Postcode </div>	

NOTES/SPECIAL REQUIREMENTS

How did you hear about MHCC's training products?

- Partners in Recovery Initiative affiliate/website
- MHCC Website
- MHCC email/promotion
- Attended other MHCC training
- MHCC Event
- Word of mouth
- Other (please specify)

**For more information call our
MHCC Learning & Development
on 02 9555 8388 ext 112**

**Please return your
completed EOI form to
Email rainbow@mhcc.org.au
or Fax 02 9810 8145
PO Box 668 Rozelle
NSW 2039**