

Please write clearly in CAPITAL LETTERS.
Please forward your completed registration form
to training@mhcc.org.au

WORKSHOP DETAILS

Please register me for the following course:

Workshop / Course Title	
Location	
Workshop Date(s)	

PARTICIPANT DETAILS

Full Name						
	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Other	<input type="checkbox"/>
Job Title/ Position						
Organisation / Employer						
Address						
	State		Postcode			
Email						
Tel (M)			Tel (W)			

How is this training relevant to your work?

Do you require any support or assistance during training, eg; disabled access, audio loop. If so, please specify.

MHCC TERMS & CONDITIONS

Refunds

Please choose workshops carefully. Once registrations are processed refunds can only be made when:

- A workshop is cancelled, or the date is changed by MHCC
- A written request is received 14 days prior to the workshop
- A medical certificate is provided in the event of illness or misadventure

All refunds will incur a \$35 administration fee except where a workshop has been cancelled by MHCC.

Full or partial non-attendance of registered participants will incur the full registration fee.

Transfer / Substitution

You can transfer to another workshop/date (of the same value) on one occasion, pending availability, by notifying MHCC in writing seven days prior to workshop commencing.

Email: training@mhcc.org.au

Participant substitutions must be advised in writing five days prior to the workshop.

Workshop Cancellations

We make every attempt to ensure that workshops run. However, MHCC reserves the right to alter any arrangements, including cancellations if required. We will notify you of any cancellations and changes as soon as possible, usually this will be seven days prior to the workshop date.

MHCC is not responsible for travel-related costs that may be incurred as a result of cancellations.

In the event MHCC cancels a workshop, you can choose whether to transfer, on one occasion, to another workshop of the same value (pending availability) or receive a refund.

CONSENT

By completing and returning this form you are consenting to the collection of this information for the provision of training as well as accepting the MHCC terms and conditions outlined above. Please refer to the MHCC confidentiality and privacy policy at www.mhcc.org.au

Signature

Date

Would you like to hear more about Mental Health Coordinating Council training?

No

Yes

[Click here to subscribe to our newsletter](#)

PAYMENT INFORMATION

ABN: 59 279 168 647

Payment Type

Visa ☐

MC ☐

Cheque ☐

Invoice
(Organisations
only)



C/C
number

Cardholder
Name

Signature

Date

Name of
Org

Org
Address

Org email
for Invoice

State

Postcode

Org is currently an MHCC member?

Y

☐

N

☐

Total Amount

\$

PROMO CODE
(if applicable)

For more information visit
www.mhcc.org.au/training or phone
02 9060 9627