

# REGISTRATION FORM



## CHA VOLUNTARY ASSISTED DYING TIER TWO TRAINING SESSION March 25, 2021

**25 March 9:30am – 4pm AEDT – via Zoom**



The **zoom link** will be sent **24<sup>th</sup> March** to your nominated email address.

**Please register by *March 19\** and return this form to Deborah Reynolds [deborahr@cha.org.au](mailto:deborahr@cha.org.au)**

**\*Registrations will not be accepted after March 19.**

Please note: we can only accept registrations from staff who have been designated to **Tier 2** teams in their services. We may limit places for this session to facilitate small group Zoom “rooms”.

TITLE:.....FIRSTNAME:.....LASTNAME:.....

FACILITY/ORGANISATION.....

POSITION IN ORGANISATION.....

BUSINESS

ADDRESS:.....

STATE:.....POST CODE:.....

PHONE:.....MOBILE PHONE:.....



EMAIL (for the Zoom link) :.....

I consent to my details being circulated via the delegate list. (Please tick box) **PAYMENT DETAILS**

(Please tick the box to indicate the amount you are paying)

CHA MEMBER.....\$50.00 (CRG)

CHA MEMBER (not CRG).....\$55.00..(GST)

Method of payment (Please indicate)   

Credit Card Number:.....

Credit Card Expiry Date:.....

Signature:.....

Email address for credit card receipt:.....

Payment by Direct Debit

Catholic Health Australia

Account Number: 507749125

BSB: 082 968 (Please quote your surname & organisation)

**PLEASE FORWARD COMPLETED REGISTRATION FORM TO : Deborah Reynolds • [deborahr@cha.org.au](mailto:deborahr@cha.org.au) •  
REGISTRATION QUERIES TO : Deborah Reynolds • [deborahr@cha.org.au](mailto:deborahr@cha.org.au) • 02 6203 2777**