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**Workshop Registration Form**

**Registration Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | |  | First Name | |  | | Surname |  |
| Organisation | | |  | | | | Occupation |  |
| Business Name | | |  | | | | Town |  |
| State |  | | Postcode | |  | | Phone |  |
| Mobile |  | | | | Email |  | | |
| Please Tick One | | | | **Business owner ❒ Primary producer ❒**  **Service provider ❒ Community member ❒** | | | | |

**Preferred training location**

**Allora  Glen Aplin  Jandowae**

**Miles  Proston  Blackbutt**

**Inglewood  Taroom  Wondai**

**Catering will be provided to participants after attending this training workshop**

Please advise dietary requirements (e.g. Gluten Free): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To register, submit this form**

* **By fax to 07 4638 2499, or**
* **Scan and email to services@rhealth.com.au**

**RHEALTH Administrator Use Only**

Registration Confirmation by email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Confirmation by phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*After the training we will ask you to complete an evaluation form. So that we can track the effectiveness of the training we will also call you after 3 months, and again after 6 months. This will involve answering a few simple questions similar to the training evaluation form. If you do not want to participate in this, just notify the caller at the time and your wishes will be respected.*

**If you have any questions or concerns please call RHealth on 07 4638 1377**