



Family Name: _____ DOB:/...../.....

Given Name (1): _____

Male Female

Family Name: _____ DOB:/...../.....

Given Name (2): _____

Male Female

Agency where Registered: _____

Staff Support Person: _____

Home or Postal Address: Street No: _____ Street Name: _____
Suburb: _____ Post Code: _____

Email Address: _____

How would you prefer to receive workshop correspondence? Mail Email Please Tick

Phone: Work _____ Mobile: 1 _____

Phone: Home _____ Mobile: 2 _____

Please list any special learning needs that may affect your participation: _____

Person Enrolling	Workshop / Topic	Course Date	Crèche Required
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

CRÈCHE: Please advise Number of Children _____ and their Ages _____, _____, _____, _____
(Carers need to bring all equipment and food that your children require while in crèche)
NB: No crèche available for evening or weekend workshops

Please complete this form and return to the Foster Carer Learning, Learning & Development Centre, by either post, or email.
Foster Carer Learning, Learning & Development Centre, 6th Floor, 8 Bennett St, East Perth 6004
Tel: (08) 9218-5500 / Email: foster.workshops@cpfs.wa.gov.au
****** Please notify Foster Carer Learning as soon as possible if the following occurs: ******
You are no longer able to attend the workshop OR
your requirements for crèche services change