



Training request form

Course details

I am applying for:

- Two-day governance workshop
- Introduction to Corporate Governance (ICG)
- Certificate IV in Business (Governance)—I completed the ICG in: _____, _____
*(location)**(year)*
- Diploma of Business (Governance)—I completed the Certificate IV in: _____, _____
*(location)**(year)*

Location of the training: _____

Date of the training: _____

About you

Title: _____ Full name as it appears on your ID: _____

Preferred name: _____ Date of birth: _____

- I am: Aboriginal Torres Strait Islander Neither
 Female Male

Your contact details

Home address: _____

Town/suburb: _____ State: _____ Postcode: _____

Postal address (if different from above): _____

Best phone: _____ Alternative phone: _____

Email: _____ Fax: _____

Emergency contact

Who should we contact in case of an emergency?

Name: _____ Phone: _____

Your role in the corporation

Name of the corporation: _____ ICN: _____

My role in the corporation is:

- Director
- Member
- Contact person / secretary
- Staff
- Other: _____

I have performed this role for: _____ years & _____ months

Accommodation & travel

Do you require accommodation during the workshop? (twin share rooms only) Yes No

If yes, who would you like to share with? _____

How do you plan to get to the workshop? _____

Do you require assistance? No Yes

If yes, what assistance do you require? _____

Medical & dietary requirements

Please advise us if you have any medical conditions, mobility issues or dietary requirements:

Are you applying for someone else?

No, for myself Yes, for someone else

If you are applying for someone else, please provide your details below.

Your name: _____ Your phone: _____

Your relationship to the person who would attend the training: _____

Is the person aware that you are making this application on their behalf? Yes No