



SMILES PROGRAM FACILITATION TRAINING



for Professionals
working with Young Carers



REGISTRATION FORM



Mon 2 & Tue 3 June 2003
Carers NSW, Sydney

First Name: Last Name: M/F:

Position/Role:

Organisation: Area Health Service:

Address:

..... Post Code:

Phone # (work): Phone (mobile):

Fax # (work): Email:

Professional Discipline: Counselling Psychology Social Work
 Teaching Youth Work Other

Number of years working in your professional field?

under 2yrs 2-5yrs 6-10yrs 11-20yrs 21+ yrs

What do you hope to achieve from participation in this training?

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How did you hear about this training?

Training Cost: \$220.00 inc GST. Please make cheques payable to **Carers NSW Inc**

PLEASE RETURN THIS FORM WITH PAYMENT BY, **MONDAY 19 MAY**, TO –
ERICA PITMAN AT THE BELOW ADDRESS:

Carers NSW ensures that the personal information provided will be handled in accordance with the principles set out in the Privacy Amendment (Private Sector) Act 2000.

Thank You

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