

# WELLNESS WORKSHOPS FOR SCHOOLS

## Workshop registration form

Select workshop attending

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### Participant Details

First Name

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Surname

---

Email Address

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Position Title (Primary Role)

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Gender

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Medical Conditions

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Special Dietary Requirements

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### School Details

Name

---

School Type

---

School Level

---

School Telephone

---

School Fax

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School Email Address

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School Street Address (PO Box unsuitable)

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City

Postcode

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### Privacy

The information collected on this form will be used by ACHPER QLD for purposes relating to the participant's registration and participation in the Wellness Workshops for Schools. This information may be stored in an ACHPER QLD database. The Participant's contact details may be used for future mail outs and emails containing information about other ACHPER QLD Programs and Initiatives. Please indicate below if the participant does not wish to receive future mail outs or emails. The information collected will be retained as required by the Public Records Act 2002.

I do not wish to receive mail outs or emails about other ACHPER QLD Programs and Initiatives.

To register, complete and submit registration form to  
[achperadmin@achperqld.org.au](mailto:achperadmin@achperqld.org.au) or fax to 3895 8166

To submit the form electronically will require Adobe Acrobat Reader version 6 or later

