

# DVRCV Training Registration Form - July to December 2010



- DVRCV is **NOT the training venue**, you will be notified of the venue in your confirmation email.
- A confirmation email will be sent **after** the closing date, this will contain venue and other information.
- Please check your emails after the registration closing date for your confirmation (usually 2 weeks prior to the training. **If you do not receive** a confirmation email please **CONTACT** DVRCV Training Administration.
- SAAP funded training is open to all workers, however **SAAP** funded workers will receive **priority**.
- DVRCV requires 3 days notice of cancellation of registration or a refund cannot be guaranteed.

## Please select the training you wish to attend:

- |   |   |
|---|---|
| <input type="checkbox"/> Family Violence Protection Act 2008 - Dandenong<br>31 August & 1 September<br>\$70 per participant                             | <input type="checkbox"/> Family Violence Protection Act - BALLARAT<br>20 & 21 October (register by 6 October)<br>\$70 per participant                       |
| <input type="checkbox"/> Family Violence Protection Act - BENALLA<br>15 & 16 September (register by 6 September)<br>\$70 per participant                | <input type="checkbox"/> Intro to Domestic Violence (Accredited) - CBD<br>10, 11, 17, 18 November (register by 28 October)<br>\$140 SAAP; \$300 non-SAAP    |
| <input type="checkbox"/> Intro to Domestic Violence (Accredited) - CBD<br>6, 7, 13, 14 October (register by 23 September)<br>\$140 SAAP; \$300 non-SAAP | <input type="checkbox"/> Case Notes, Domestic Violence and the Law - CBD<br>30 November & 1 December (register by 17 November)<br>\$70 SAAP; \$150 non-SAAP |

**This form can be used as a TAX INVOICE - ABN 31 202 397 579**

Participant Name: .....

Date of Birth: .....(we are required to collect DOB for **ACCREDITED** Training only)

Position: .....

Organisation: .....

SAAP NDCA Number: ..... (mandatory for SAAP funded organisations)

Mailing Address: .....

Postcode: .....

Phone No.: ..... Email: .....

Do you have any special dietary needs? .....

Please FAXBACK this Registration form to DVRCV on: **9486 9744**

Forward payment (cheques payable to DVRCV) with copy of form to:

**DVRCV, 292 Wellington Street, COLLINGWOOD, 3066.** Please also give a copy of completed form to your organisation's Accounts/Finance section to process payment (this is a TAX Invoice). If paying by EFT please attach a copy of this form with Remittance advice, thank you. For enquiries contact DVRCV on **9486 9866**, or email: [dvrcv@dvrcv.org.au](mailto:dvrcv@dvrcv.org.au)

**Participants who are successful in gaining a place will be notified by email after the registration closing date.**

Payment by Credit Card: Visa  Mastercard  please tick

Name on Card: .....

Card Number: \_\_\_\_\_ Expiry Date: .....

Signature of Card Holder: ..... Amount: \$ .....

Please keep a copy of this form your your information



Domestic Violence Resource Centre