

creative volunteering *no limits*

A Regional Arts Australia Initiative

ENROLMENT FORM

Enquiries to: Regional Arts NSW, Pier 5 Hickson Road MILLERS POINT NSW
Phone (02) 9247 8577 Fax (02) 9247 7829

Note:

- Please complete all fields as some information is being collected for research purposes
- Your responses will be treated as confidential.
- If you have registered for other Creative Volunteering workshops previously, you will need to complete this form for additional workshops.

1. PERSONAL DETAILS

Title: _____ First name: _____ Family name: _____

Postal Address: _____

Town: _____ Post Code: _____

Home Phone: _____ Work Phone: _____

Home Email: _____ Preferred Contact: mail/email?

Year of Birth: _____ Gender M / F (please circle)

If you have any special dietary requirements please detail? _____

Are you of Aboriginal and/or Torres Strait Island origin? YES / NO

Were you born in Australia? YES / NO

If no, in which country were you born? _____

How many organisations do you volunteer for? _____

What role(s) do you play as a volunteer? _____

On average how many hours do you volunteer each month? _____

2. VOLUNTEER ORGANISATION DETAILS

Organisation Name: _____ Phone: _____

E-mail: _____

Address: _____

Town: _____ Postcode: _____

3. ENTRY REQUIREMENTS

There are no specified limitations for entry into this course. The course is focused on volunteering in regional areas and instances of high demand preference may be given to regionally-based volunteers.

If you wish to apply for Recognition of Prior Learning/Current Competencies or require information regarding participants with learning or language support needs please contact: Suzanne Crowley, Training Manager, CCDNSW Tel 02 9821 2210 Email suzanne@ccdnew.org

4. COURSE DETAILS

Please tick the workshop(s) you are enrolling in and write the town in which you are attending along side:

- | | |
|--|-------|
| <input type="checkbox"/> Network within Communities | _____ |
| <input type="checkbox"/> Carry Out Business Planning | _____ |
| <input type="checkbox"/> Develop Funds and Resources | _____ |
| <input type="checkbox"/> Undertake Marketing | _____ |
| <input type="checkbox"/> Plan and Program Events | _____ |
| <input type="checkbox"/> Work with Collections | _____ |

Please tick the location in which you would like to attend these workshops:

- | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Albury | <input type="checkbox"/> Bathurst | <input type="checkbox"/> Cooma | <input type="checkbox"/> Hay |
| <input type="checkbox"/> Armidale | <input type="checkbox"/> Bega | <input type="checkbox"/> Coonamble | <input type="checkbox"/> Port Macquarie |
| <input type="checkbox"/> Ballina | <input type="checkbox"/> Broken Hill | <input type="checkbox"/> Goulburn | <input type="checkbox"/> Scone |
| | | | <input type="checkbox"/> Wagga Wagga |

5. FEES EACH WORKSHOP IS \$25 (GST exempt).

**PLEASE RETURN THIS FORM FULLY COMPLETED WITH PAYMENT to:
Regional Arts NSW, Pier 5 Hickson Road Millers Point NSW OR Fax 02 92477829**

Cancellations made more than two weeks prior to the scheduled date of the workshop will receive a full refund. No refund will be given if cancellation is advised less than two weeks prior to the scheduled date of workshop, however a substitute participant may be sent. Extenuating circumstances will be considered.

Please find enclosed a cheque made payable to **Regional Arts NSW** or debit my credit card for \$

.....
Visa MasterCard Bankcard

Card Number

Expiry Date: ____ / ____ / ____

Name on Card: _____

6. PARTICIPANTS INFORMATION

I understand only authorised personnel will access/utilise this information for purposes directly relating to my participation in Creative Volunteering – No Limits. I agree that this information is provided to the Registered Training Organisation for enrolment purposes.

.....
Signature

.....
Date

