



## Foster Carer Learning CARER DEVELOPMENT WORKSHOPS ENROLMENT FORM

Family Name:	DOB: ...../...../.....	Given Name (1):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family Name:	DOB: ...../...../.....	Given Name (2):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Agency where Registered:		Staff Support Person:		
Home or Postal Address:				
Street No:		Street Name:		
Suburb :		Post Code:		
Email Address:				
How would you prefer to receive workshop correspondence?				
Phone: Work		Mobile: 1	<input type="checkbox"/> Mail	<input type="checkbox"/> Email Please Tick
Phone: Home		Mobile: 2		

Please list any special learning needs that may affect your participation: \_\_\_\_\_

Person Enrolling	Workshop / Topic	Course Date	Creche Required
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

**CRECHE:** Please advise Number of Children \_\_\_\_\_ and their Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Carers need to bring all equipment and food that your children require while in crèche)

NB: No crèche available for evening or weekend workshops

Please complete this form and return to the Foster Carer Learning, Learning & Development Centre, by either post, or email.

Foster Carer Learning, Learning & Development Centre, 6<sup>th</sup> Floor, 8 Bennett St, East Perth 6004  
Tel: (08) 9218-5500 / Email: [foster.workshops@cpfs.wa.gov.au](mailto:foster.workshops@cpfs.wa.gov.au)

**\*\*\*\* Please notify Foster Carer Learning as soon as possible if the following occurs: \*\*\*\***  
**You are no longer able to attend the workshop OR**  
**your requirements for crèche services change**