

application



Please complete and email to Sarah Dyer at canopyprojects@communityworks.com.au

PAYMENT METHODS

CHEQUE

Please post cheque to:
Sarah Dyer
16 Courtney Place
North Melbourne VIC 3051

CREDIT CARD

Amount \$

Card Type: MasterCard Visa Other

Card Number: / / / Expiry Date: /

Name On Card: Signature:

DIRECT DEBIT

Account Name: Community Works
BSB No: 063-179 Account No: 10420835

YOUR DETAILS

Your Name:

Organisation:

Phone: Facsimile:

Email: Website:

Address:

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Your Role/Position:

Signed: Dated: / /

Please turn over for questionnaire.

application



Please send us answers to the following questions

1. Please describe the work of your organisation. If you have a website please include the address

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2. How long you have worked with your current organisation?

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3. Broadly what experience you have gathered in your current work and any other relevant roles have fulfilled?

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4. What, specifically, are you hoping that you will gain from this course?

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Name: