

REFRESHER WORKSHOP APPLICATION FORM

Full Name of Attendee: _____ Title: _____

Psychologists Board of Queensland Registration No.: _____

Address: _____ Postcode: _____

Phone Nos.: Home _____ Work _____ Mob. _____

Email Address: _____

Workshop **Dates** preferred::

- Further 2009 dates/locations on need/viability basis
 Further 2010 dates/locations on need/viability basis

My **Specialty** area in psychology is (please number in order):

| | | | | | |
|----------------|-------|----------|-------|-----------------|-------|
| Organisational | _____ | Sport | _____ | Counselling | _____ |
| Community | _____ | Forensic | _____ | Educ./Dev. | _____ |
| Clinical | _____ | Health | _____ | Neuropsychology | _____ |
| Other | _____ | | | | |

For those *individuals* making application for 2009 Refresher Workshops, **payment** must accompany this form. *Employer funded* applications can also be made by either method below. Alternately, an *Employer* can make an **Invoice Request** by completing Section 3.

- Payment by **Cheque/ Money Order** (payable to **Griffith University**):
Amount agreed to pay for Refresher Workshop: \$384. Amount inclusive of GST.
- Payment by **Credit Card**, please indicate **Type of Card**:
 Bankcard Mastercard Visa Other (Diners Club not accepted)

Card Number: _____ Expiry Date: _____

Cardholder's Name: _____

Amount agreed to pay for Refresher Workshop: \$384. Amount inclusive of GST.

Signature: _____ Date: _____

- Payment through **Invoice Request**, please complete details.

Customer Name: _____ Contact Person: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Please note that a Cancellation/ Non-Attendance Fee of \$110 applies for late cancellations in the 4 days before the workshop date.

Please post your completed application to:

Supervisor Training and Accreditation Program
M24_4.47, School of Psychology
Mt Gravatt Campus
Griffith University
MT GRAVATT QLD 4122