

Self-management Skills Update Training Workshop

Application Form

Date of Skills Update Workshop _____

Name: _____

Place of employment: _____

Discipline (if Health Professional) _____

Work Address (if lay leader – home address): _____

_____ Postcode: _____

Telephone (B) _____ (H – Lay leader) _____

Fax: _____ email: _____

Leader Training: Arthritis: Osteoporosis Chronic Disease

Have you attended a Skills Update previously? YES NO

Cost: Your first Leaders Update is free. Any subsequent updates you attend are \$50.00. There is no charge for Lay Leaders working for Arthritis Queensland to attend subsequent updates.

Name.....	Phone:.....
Address.....	Postcode:.....
ENCLOSED PLEASE FIND MY	
[] Cheque [] Money Order [] Cash to the value of	
or please debit my [] MasterCard [] Visa [] Diners [] Amex	
Card No. _____/_____/_____/_____	Expiry Date:_____/_____
Cardholder Name:_____	
Signature: _____	Date:_____

Please return form to:
Arthritis Queensland
Ph: 07 3857 4200 Fax: 07 3857 4099
Or post to: PO Box 2121, Windsor Qld 4030
Email: leader@arthritis.org.au