

# Workshop Enrolment



## Personal Details:

Title  Mr  Mrs  Ms  Miss

Full Name: .....  
LAST NAME FIRST NAME MIDDLE NAME(S)

Address: .....  
NUMBER, STREET SUBURB CITY POSTAL CODE

Postal Address (if different from above) .....

Telephone (Home) ..... (Work) ..... (Mobile) ..... Fax: .....

Email Address: ..... Date of Birth: .....  
 I would like to receive future email information regarding CPS services.

Current Place of Employment: ..... Position Held: .....

Special Needs: (eg. English as a second language, special dietary requirements etc) .....

Ethnicity: ..... Iwi: .....

## Workshop Details:

Workshop Name: .....

CPS Code: ..... Location: ..... Date: ..... Course Fee: .....

### FOR OFFICE USE ONLY

Confirmation Sent:  Yes  No Payment Received: \$..... Date: / / Student ID#: .....

Notes: .....

Please send to Enrolments, CPS, PO Box 679, Hamilton or Fax: (07) 838 9950

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