



Family Resource Kit: My Plan Implementation Training

This workshop will include a panel of workers from the sector who are currently working with children or families. The workshop will be facilitated by **Teena Olsen and Angela Rizk**, Senior Education Officers, Drug and Alcohol Office.

VENUE:

**Training Room
Drug & Alcohol Office
7 Field Street
MT LAWLEY**

TIME:

**Monday 20 February 2006
9.00 am to 4.00 pm**

REGISTRATION CLOSES:

FRIDAY, 10 FEBRUARY 2006

TELEPHONE ENQUIRIES:

**Teena Olsen (08) 9370 0366
Angela Rizk (08) 9370 0362**

**TO REGISTER YOUR INTEREST PLEASE COMPLETE THE ATTACHED
EVENT APPLICATION FORM**

**Post or Fax completed Application Forms by
Friday, 10 February 2006 to:**

Darelle Ellis
PO Box 126, Mt Lawley WA 6929
Fax: (08) 9370 2358
Email: darelle.ellis@health.wa.gov.au





Practice Development Section
Family Resource Kit: My Plan
Implementation Training
Monday, 20 February 2006

EVENT APPLICATION FORM

Registration Process

- Please complete this Event Application Form and forward via fax or mail by the specified Event Application Deadline date (see details below).
Registration does not guarantee a place on an event.
The Drug and Alcohol Office reserves the right to cancel an event where there are low enrolments and applicants will be notified.
Applicants will receive written confirmation of enrolment within approximately one week after the Event Application Deadline date.

Applicant Details (Please Print Clearly)

Family Name

First name Mr/Ms/Mrs/Ms/Dr:

Job title (if applicable)

Organisation (if applicable)

Address

Suburb/Town State Post Code

Telephone Fax

Email

Please indicate your preferred contact method: [] Email [] Fax [] Post

Mail or Fax completed Event Application Form by the Event Application Deadline date to: Darelle Ellis, Practice Development Branch PO Box 126, Mt Lawley WA 6929 Fax: (08) 9370 2358

OFFICE USE ONLY Event No: Processed by: Date: