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**APPLICATION FORM FOR INTRODUCTION TO CORPORATE GOVERNANCE**

**PARTICIPANT INFORMATION**

**Location:**

**Dates:**

**Title: First Name: Surname: Preferred Name: Date of Birth:**

**Phone: Email:**

**Address:**

 **Aboriginal Torres Strait Islander Neither**

**Emergency Contact**

**Name: Phone:**

**Do you have any medical conditions or dietary needs? If so please provide details:**

**YOUR CORPORATION’S INFORMATION**

**Name of your corporation: ICN:**

**Are you a:**

 **Member Director Contact Person/Secretary Staff (please specify)**

**TRAVEL INFORMATION**

**Will you require accommodation (twin share)? If yes, who would you like to share a room with?**

**Will you be driving to the workshop? Where there are several participants from a corporation we would expect them to car pool.**

**Do you need ORIC to arrange your travel? If so, please give details of the travel needed.**

**Signature of applicant Date**

**If signing on behalf of applicant**

**Name Signature**

**Phone Relationship to applicant**

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| **Please complete and fax to (02) 6133 8080**For more information:Phone: 1800 622 431 (not free from mobiles) Email: training@oric.gov.au |