

Business Manager Program

Registration Form

| Business Name | |
|---|----------|
| Participant Name | |
| Participant Address | |
| Participant Email | |
| Participant Phone | |
| Emergency Contact Name | |
| Emergency Contact Number | |
| Please advise your position within the Business. If self-employed, simply write "Self". | |
| Are you available for 5 days (one day per week) face-to-face training? Please refer to the programinformation email for full details. | Answer: |
| Place Circle your preferred day of | Tuesday |
| Please Circle your preferred day of attendance. | Thursday |
| Do you have any dietary requirements? If so, please specify. | |
| Special Requirements: Do you have | |
| any special requirements (health or | |
| other issues) that the facilitator will | |
| need to be aware of for you to | |
| participate in this program? | |
| Participant Signature | |
| The Hervey Bay Jobs Ready program is funded by the Australian Government Department of Social | |
| Services | |

Please return completed registration form to: jobsready@frasercoast.qld.gov.au

Contact Jordan Morris for more information: 0476 395 466