

TRAINING REQUEST

Date	
Name	
Position	
Organisation	
Address	
Phone	
Fax	
Email	
I am Interested in	<input type="checkbox"/> RAP-A <input type="checkbox"/> RAP-P <input type="checkbox"/> RAP-I
Number of People to be Trained	
Preferred Date/s for Training	
I would be willing to attend training at the following locations:	
I would be interested in organising a training event in my local area	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY

Please fax to the RAP Team on 07 3138 0322 or email to rap@qut.edu.au