

## **Carers Course Application Form**

OFFICE USE ONLY				
SC Code:				
Confirmation:				

The Carers Course is a one-day workshop focusing on providing carers with a wide range of information and practical strategies to assist help improve their skills and knowledge in their role.

APPLICANT DETA	ILS (PLEASE PRINT CLEARLY)		
Title:	Mr / Mrs / Ms / Dr / Other (please s	specify):	
Surname:		First Name:	
Date of Birth:			
Postal Address:			
Suburb:	_	Postcode:	
Mobile:		Telephone:	
Dietary			
Emergency Conta	act:		
Surname:		First Name:	
Mobile:	_	Telephone:	
Patient Details			
Carer of:	☐ Male ☐ Female	Patient's Age:	
Diagnosis:	_		
Venue: Phone: Cost:	Saturday, 22 August 2020 9:45am – 4:00pm Solaris Cancer Care Centre, SJOG St. 12 Salvado Road Subiaco 6008 9381 3097 or 9388 9788 No Charge, but donations are welco	ome ed for education and	research purposes. I understand that my
Please circle	Agree		Disagree
Signature:			Date:

## Please complete all sections and return forms to:

SolarisCare Foundation, Sir Charles Gairdner Hospital, DD Block, Hospital Avenue Nedlands, WA 6009 Or email Patricia Williams: <a href="mailto:patricia@solariscancercare.org.au">patricia@solariscancercare.org.au</a>

**Cancellation Policy:** Should you need to cancel, please call 0417 755 058 as soon as possible, as there is usually a waiting list for this course and it may assist someone else to attend.