INTER V RAUMA NEXUS

Incorporated under section 21 - 98-18673 000-232 NPO

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Date of course:	Name of course:

Short Course Participant Information Form

SURNAME									
FIRST NAME									
Known as									
TITLE					INITIALS				
NATIONAL ID (Correct ID essential for certificate)									No more than 13 characters
DATE OF BIRTH		Y	Y	Y	Y	M	M	D	D
HOME ADDRESS	STREET								
	SUBURB								
	CITY								
POSTAL ADDRESS									
	CITY								
	CODE								
TEL NO W									
TEL NO H									
FAX									
E-MAIL ADDRESS									
Highest school qualification									
ABET Literacy									
ABET Numeracy									
Other qualification									
CURRENT OCCUPATION									
EMPLOYER									
Are you a registered affiliate of Inter Trauma Nexus?									
If you are a student at the moment …	Name of institution								
	Student NO								

Official use only

Date processed……………………………… Signature…………………………………..

Facilitator's name ……………………………………… Certificate No ……………………….