



## TLCCV TRAINING MEMBER APPLICATION FORM



Course Name		Course Date	
Course Location		Course Duration	
Member Name		TLCCV Membership Number	
Member Name			

Names of Children Attending if Permitted		(Age of Children)
1		
2		
3		
4		
5		

<b>YOUR CONTACT DETAILS</b>	Phone No:		Mobile No:	
	Email:		Other:	

<b>EMERGENCY CONTACT (not attending with you)</b>	Name		Relationship to Member	
	Phone No.		Mobile No.	

<b>HEALTH ISSUES</b>	Please advise any medical or health issues relating to you or (others with you) that you believe your Course Leaders should know about		

Prerequisite Course(s) if required			
Course Name		Course Date	
Course Name		Course Date	

<b>Course Expectations</b>	Please list any reasons for attending course or expected results you wish to attain		

*\* This form should be completed by the Member & emailed or posted to the Training Coordinator \**

[training@tlccv.com.au](mailto:training@tlccv.com.au)