|  |  |  |  |
| --- | --- | --- | --- |
| **REGISTRATION FORM** | | | |
| Full Name: | | | |
| Date of birth: | | | |
| Are you Aboriginal or Torres Strait Islander? Yes No | | | |
| **CONTACT DETAILS** | | | |
| Mobile: | | | |
| Email: | | | |
| Address: | | | |
| Suburb: State: Postcode: | | | |
| **QUALIFICATIONS** | | | |
| MTA/RIW: | Other: | | |
| White card: |  | | |
| **EMERGENCY CONTACT DETAILS** | | | |
| Contact name: | Relationship: |  | |
| Phone: | | | |
| **TAX** | | | |
| Tax File Number: | | | |
| **SUPERANNUATION** | | | |
| Fund name: | Unique superannuation identifier (USI) | |  |
| Member number: | | | |
| **BANKING DETAILS** | | | |
| BSB: Account Number: | | | |
| Account name: | | | |