



Registration Form – Reset your life facilitator training

Please complete this form and return to your State-Based Organisation (SBO)

Name:	
Phone:	
Email Address:	
Postal Address:	
Do you give your permission for these details to be listed on the AGPN national service directory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nominating Division of General Practice:	
Current First Aid Certificate:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Indemnity Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Qualifications and Experience:	
Experience in delivering group education programs:	
Do you agree to deliver the Reset your life program for a minimum of 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed by Potential Facilitator

Signed by CEO of Nominating Division

