



ACT
Government

Community Services



ANGER MANAGEMENT FOR WOMEN
Personal development course

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Course identifier

Please use the above code with your initials when paying course fees.

The Women's Information and Referral Centre is conducting a 6-week course for women who want to develop an awareness of the causes and triggers of anger and strategies for managing anger. Participants will learn how to let go of past anger and develop an understanding of other feelings associated with anger. The related concepts of effective communication, assertiveness and self-esteem will also be explored and participants will be encouraged to develop skills in these areas.

DATE: 17 February-23 March 2012

TIME: 10 am – 1 pm

VENUE: Women's Information and Referral Centre
Ground Floor, London Court,
13 London Cct, Canberra City

COST: \$80
\$40 concession (Please discuss with course coordinator)

Bookings are essential.

Please do not pay any courses fees until you have confirmation that the course is going to run.

48 hours notice of cancellation from the course is required or full fees will be charged.

For more information or to register your interest, please contact

The Women's Information and Referral Centre on 6205 1075 or 6205 0303, or drop in and visit us at the above address.

Registrations can also be found on our website.

No sound recording devices are allowed on premises.

Eftpos is now available in the centre for course payments

INFORMATION LETTER

Following your enquiry I have enclosed information regarding course/workshop at WiRC.
If you would like to register in for this course, please:

1. **Complete the registration form**
and return it as soon as possible to ensure your place. There is a limit of 12 participants per course.
You can post, fax or email your registration, or call into our Centre Monday - Friday 9.15am to 4.45pm.
2. **On the back** of the registration form is a payment form to be completed **ONLY** if an agency is paying for your course fees. If the fee is being paid for by your employer, please make sure that the Department and Section where you work are stated and that your financial delegate's details, Cost Centre and Project Code are documented on the form.
3. **Payment options** we can no longer accept cash for payment on the premises. You can pay for courses directly into the below account via three methods.

METHOD 1:

Via bank internet transfer into-
Commonwealth Bank
BSB: 062-987
Account No: 10003411
Account Name: ACT CSD OPERATING ACCOUNT
Account Description: this is the WIRC training course identifier on the registration form, plus **your** initials at the end. For **example: JS-** Joanne Smith

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Please note your course identifier code below.

OR

METHOD 2:

Payment form directly to the Commonwealth bank- payment slip is at the bottom of this form.

METHOD 3:

EFTPOS is available at WIRC between 9.15am-4.45pm Monday to Friday.

4. **All payments**, cheque or invoices are to be made out to CSD – WIRC.
5. **48 hours prior to course commencement cancellation notice is required** or full course fees may be incurred. There is **NO** refund for course fees after course or workshop commencement.
6. **Please do not hesitate to contact us if you have any queries or concerns.**
Email : wirc@act.gov.au, Fax: 6205 1077, Postal Address: GPO Box 158, Canberra ACT 2601
The details of the range of Courses and Support Groups that we run are on our web-site at www.women.act.gov.au or contact us on 6205 0303 or 62051075 to get your WiRC Courses flyer or calendar.

Please be advised that if there are insufficient numbers, the course may need to be cancelled at short notice.
Please DO NOT pay for the course until you have received a confirmation call that the course is going to run.
Please be advised that no sound recording devices are to be used in any WIRC courses or workshops.

Take slip and payment to your nearest Commonwealth Bank



A/C NAME:	Community Services Directorate Commonwealth Bank												
BSB:	062-987												
A/C NUMBER:	10003411												
DESCRIPTION: Training course identifier code. PLEASE INCLUDE your initials in empty boxes.	<table border="1"> <tr> <td>W</td><td>I</td><td>R</td><td>C</td><td>T</td><td>1</td><td>1</td><td>2</td><td>A</td><td>M</td><td></td><td></td> </tr> </table> <p>Please put your initials here so we can track your payment.</p>	W	I	R	C	T	1	1	2	A	M		
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**REGISTRATION FORM
ANGER MANAGEMENT
6 WEEK COURSE**

W	I	R	C	T	1	1	2	A	M
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FOR WOMEN

WORKSHOP/COURSE STARTING DATE _____

NAME _____ AGE _____

ADDRESS _____ POSTCODE _____

PHONE(H) _____ (W) _____ (MOB) _____

EMAIL _____

1. Are you of Aboriginal or Torres Strait Islander origin?

Aboriginal

Torres Strait Islander

2. Do you speak a language other than English at home?

Yes

No

3. If you are being sponsored to attend this course by your employer or an agency, please fill out the payment form on the reverse side of this registration form.

4. Have you previously participated in a personal or professional development course?

Yes/No If 'yes', please give details

How did you find out about this course?

What do you expect to get out of this course?

Which area of your life would this course be most helpful in?

PLEASE BE ADVISED:

▫ If insufficient numbers of participants are registered, the course may be cancelled.

▫ You may register for courses via email, phone or over the counter; however to secure your place in the course, payments must be made ONLY after you have received a confirmation call from the Course Coordinator that the course will be running.

▫ Due to strict privacy policies, WIRC does not allow the use of any sound/video recording devices in courses or workshops.

Signature _____ Date _____



Agency Payment Form

This form requires completion if any agency is paying your course fees. It is not required to be completed if you are self funding.

Attendants' Name	
Company Name (If there is one) Department name	
ABN Number (If there is one) Cost code	
Contact Person's Name Financial delegate	
Contact Person's Phone number	
Company Address	----- Suburb: _____ State : _____ _ Post Code: _____
Bill to Address	----- Suburb: _____ State : _____ _ Post Code: _____
Description of supplies or services	