



COMMUNITY EDUCATION

APPLICATION FOR FEE REDUCTION
FOR
COMMUNITY ORGANISATIONS

Would you please complete the following questionnaire:

TRAINING

Training requested: _____

Purpose of the training: _____

Length of training: _____

Who will be the participants? _____

Number of participants: _____

ORGANISATION

Name of Organisation: _____

Contact person: _____

Address: _____

Phone Number/s: _____

What is the nature of the work of the organization? _____

Do you provide services directly to equity groups? _____

Please indicate the size of your organisation.

- Less than 20
- 20 – 50
- 51 – 100
- 100 +

Please explain the reason you are seeking a fee reduction: _____

Authorised Signature: _____

Name: _____

Position: _____

Please return this questionnaire to:

Post:
Manager Community Education and Training
Level 2, 141 St Georges Terrace
PERTH 6000

Email:
eoc@eoc.wa.gov.au

Fax:
(08) 9216 3960