



KAMSC Aboriginal Health Worker Course APPLICATION PACK REQUEST

Name:

Address:

.....

Phone:..... Fax:.....

Email:

Please send me out an application package.

I am interested in undertaking the following course/s:

- Certificate III in Aboriginal Health Work
- Certificate IV in Aboriginal Primary Health Care Practice

ONCE COMPLETED, YOU CAN RETURN THIS FORM TO:

THE REGISTRAR

KAMSC School of Health Studies

640 Dora Street

PO Box 1377

Broome, WA, 6725

Phone: (08) 9193 6043

Fax: (08) 9193 6018

Email: kamsc@kamsc.org.au

REGISTRATIONS CAN BE DELIVERED TO THE REGISTRAR IN PERSON, OR THEY CAN BE POSTED, EMAILED OR FAXED.