



## Registration for Professional Development Graduate School of Business, University of Wollongong

Please return the completed form to: Graduate School of Business, University of Wollongong, Wollongong NSW 2522

Upon acceptance into the program, participants will receive a confirmation letter and tax invoice.

### Section 1: Personal Details

Please place an X in the boxes provided & USE BLOCK LETTERS.

Title: Mr  Mrs  Ms  Miss  Other

Surname:

First Names:

Postal Address:

<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

Email Address:

Phone: (W):  (M/H):

### Section 2: Professional Development Unit Details

Location:

Seminar Unit Name:

Unit Commencement Date:

### Section 3: Invoice Details (Individual/ company the invoice is to be issued to)

*Full payment must be received by the University of Wollongong before seminars commence.*

Name (Individual or company):

Postal Address (if different from participant's postal address listed above):

<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

Contact for Payment (if paid by company): Name:  Ph:

### Section 4: Education (list all tertiary education qualifications)

Qualification/ Award	Institution	Duration	Yr completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 5: Employment History

POSITION 1: (list most recent position first)

Company Name:

Is the business owned by a member of your family? Yes  No

Description of the company, including the nature of the business, number of employees.

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Your position title:

The position title you report/ed to:

Started in position:  (Mnth)  (Yr) Finished in position (If Applicable):  (Mnth)  (Yr)

Are you currently employed in this position? Yes  No  Employment Status: FT  PT

Describe the four (4) key duties/ responsibilities of your position:

1	
2	
3	
4	

**POSITION 2: (For those applicants who have less than five years managerial experience listed above at Position 1)**

Company Name:

Was the business owned by a member of your family? Yes  No

Description of the company, including the nature of the business, number of employees.

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Your position title:

The position title you reported to:

Started in position:  (Mnth)  (Yr) Finished in position:  (Mnth)  (Yr)

Employment Status: FT  PT

Describe the four (4) key duties/ responsibilities of your position:

1	
2	
3	
4	

I declare that all the information I have provided on this application for professional development is true and correct.

Signature:	Date:
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<b>Office Use Only</b>	
Authorisation:	Date: