



HOSTED BY RICHMOND FELLOWSHIP QUEENSLAND &  
DARLING DOWNS AND WEST MORETON PHN



# NEW SENSATIONS WORKSHOP

## EXPRESSION OF INTEREST FORM

### SECTION 1: Participants details

Name

Address

Phone

Email

### SECTION 2: Why would you like to attend the workshop?

### SECTION 3: Is there anything that may impact on your ability to participate in the workshop?

### SECTION 4: Referrer (if applicable)

Name

Organisation/Program

Phone

Email

### SECTION 5: Do you have any dietary requirements?

### SECTION 6: Which session would you would like to attend (please choose one)

Tuesday 24 April

Friday 11 May

Monday 21 May

Monday 4 June

To participate in the workshop please email this completed form to  
[newsensations@rfq.com.au](mailto:newsensations@rfq.com.au)