

**Certificate of Addiction and Mental Health Supervision**

**Registration Form**

**Course One 2019 Auckland – 01 March to 16 May**

Please type your details into the following fields, save, and email back to [office@acts.co.nz](mailto:office@acts.co.nz) as an attachment. Thank-you.

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| --- | --- |
| **Your Details** |  |
| First Name |  |
| Last Name |  |
| Phone |  |
| Email Address |  |
| Postal Address – street |  |
| Postal Address – town |  |
| Postal Address – city |  |
| Postal Address – postcode |  |

|  |  |
| --- | --- |
| **Invoicing Details** | Please leave blank if same as above |
| Organisation Name (If applicable) |  |
| Attention (If applicable) |  |
| Phone |  |
| Email Address |  |
| Postal Address – street |  |
| Postal Address – town |  |
| Postal Address – city |  |
| Postal Address – postcode |  |

NOTE: In compliance with NZQA’s Student Fee Protection Scheme, invoices are sent after training is delivered at the end of each month covering the duration of the course, typically three or four invoices (depending on the date of commencement).

**Enquiries:** Please contact Abacus office on 09 3606957 or [office@acts.co.nz](mailto:office@acts.co.nz)