

**Certificate of Addiction and Mental Health Supervision**

**Registration Form**

**Course 4 2025 – 19 September – 05 December 2025**

**Auckland workshop (03 & 04 October)**

Please type your details into the following fields, save, and email back to office@acts.co.nz as an attachment. Thanks

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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 |  |

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| **Nominated Person** | This is a NZQA requirement. Please nominate someone we could contact if we were ever concerned about your wellbeing or safety while enrolled in our course. |
| Name |  |
| Phone |  |
| Email Address |  |

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 office@acts.co.nz