



COMMUNITY EDUCATION

APPLICATION FOR FEE REDUCTION FOR COMMUNITY ORGANISATIONS

Would you please complete the following questionnaire:

TRAINING

Training requested _____

Purpose of the training _____

Length of training _____

Who will be the participants? _____

Number of participants _____

ORGANISATION

Name of Organisation: _____

Contact person: _____

Address _____

Phone Number/s _____

What is the nature of the work of the organization? _____

Do you provide services directly to equity groups? _____

Please indicate the size of your organisation.

- Less than 20
- 20 – 50
- 51 – 100
- 100 +

Please explain the reason you are seeking a fee reduction. _____

Authorised Signature _____

Name _____

Position _____

Please return this questionnaire to:

Post:
Manager Community Education and Training
Level 2, 141 St George's Terrace
PERTH 6000

Email:
eoc@eoc.wa.gov.au

Fax:
9216 3960