

MNHHS Cost-centre Funded GCP Course Registration FormComplete, scan & email **signed** form to: MNHHS-Research-GCP@health.qld.gov.au

Step 1: Complete Participant Details			
Participant Name:		Stream (AO, HP, NO etc):	
Position Title:			
Department Name & Address:		Facility:	
		Work No:	
Email Address:		Mobile No:	
		<i>For last minute course changes</i>	

Step 2: Participant Signature			
I, the undersigned understand that refunds are not permitted. If I cannot attend, my department may submit the name of another participant to attend in my place. I confirm I will submit any required leave forms accordingly for my work unit.			
Participant Signature:		Date:	

Step 3: Business Manager Approval			
Name:		Phone:	
Email Address:			
MNHHS Cost Centre:			
Signature:		Date:	

Step 4: Line Manager Approval			
Name:		Phone:	
Email Address:			
Signature:		Date:	