

REGISTRATION FORM

* REQUIRED FIELDS

This information will only be used by SERU to maintain accurate records

*	Title	First Name	Surname	
*	Home Address			
				Postcode
*	Home Phone /Mobile			
*	Contact Email	department staff please use Learnlink/sa.gov		

* School/Site Details (Department & Agency Employees Only)

School/Site				
Site Address				
			Postcode	
Phone		Fax		Courier

* Please select one of the following:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Department Teacher
<input type="checkbox"/> Department School Support Staff
<input type="checkbox"/> Department Local/Head Office Staff | <input type="checkbox"/> Parent/Carer
<input type="checkbox"/> Other - specify |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Declaration

I agree to the conditions of registration by being responsible for the due care and return of all resources by the due date (lost or damaged items will incur repair or replacement costs) and by observing copyright restrictions

*	Signature		Date	
---	-----------	--	------	--

Office Use Only

Resource Teacher	Number Code
------------------	-------------

