



Executive Council Human Resources

COURSE REGISTRATION FORM

TO BE COMPLETED BY EMPLOYEE:

COURSE TITLE: _____	
COURSE DATE: _____	
NAME: _____	OFFICE TEL. NO.: _____
DEPARTMENT: _____	FAX NO.: _____
DIVISION: _____	POSITION TITLE: _____
E-MAIL ADDRESS: _____	
WORK LOCATION:	
<input type="checkbox"/> St. John's	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Gander	<input type="checkbox"/> Supervisory
<input type="checkbox"/> Grand Falls - Windsor	<input type="checkbox"/> Management
<input type="checkbox"/> Corner Brook	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Happy Valley - Goose Bay	
<input type="checkbox"/> Labrador City - Wabush	
<input type="checkbox"/> Other (please specify): _____	
Special Needs Request (medical/accessibility, food allergies, etc.): _____	

TO BE COMPLETED BY MANAGER/DIRECTOR:

NAME: _____	OFFICE TEL. NO.: _____
POSITION TITLE: _____	FAX TEL. NO.: _____
Your expectations of this learning event for the employee/organization are: _____	

_____ (Signature of Manager/Director)	

Please ensure registration form is completed in full and forwarded to the working mind by either fax (729-5421), mail (SHRM - Executive Council, Main Floor, East Block, Confederation Bldg, P.O. Box 8700, St. John's, NL A1B 4J6) or email (theworkingmind@gov.nl.ca)

DATE RECEIVED: _____

Privacy Statement

Under the authority of programs managed by the Strategic Human Resource Management Division, personal information shall be collected and used for the purpose of program administration. Personal information that you provide is protected under the *Access to Information and Protection of Privacy Act ("the Act")* and shall not be disclosed or used for any purposes other than those in accordance with the Act. For further information, please contact the Strategic Human Resource Management Division.

Address: Main Floor, East Block, Confederation Building, St. John's, NL A1B 4J6

Telephone: (709) 729 - 0171

Email: theworkingmind@gov.nl.ca