



MUSCULOSKELETAL
AUSTRALIA

Musculoskeletal Australia
Warm water and/or chair-based exercise leader update training 2021–2022

Welcome! This online training is for leaders of warm water and/or chair-based exercise who undertook their initial leader training with Musculoskeletal Australia (previously Arthritis and Osteoporosis Victoria/*MOVE muscle, bone & joint health*). Trained leaders are required to undertake update training every two years.

If you have several group members or staff who need to undertake the online update training, please provide their details on this form below (rather than having them register for the training individually).

1. Your details

To begin with, please provide your name and contact details in case we need to contact you about your group/staff.

Your first name:

Your family name:

Your best phone contact number:

Your email address:

Your group/organisation name:

Please save this form on your computer before you begin to complete it, so that none of the information you enter will be lost! Otherwise, print it out and fill it in. When completed with all required details, please either send the final form to Musculoskeletal Australia via programs@msk.org.au or post it to Musculoskeletal Australia. If you have any queries regarding this form or any aspect of the update training, please email us via programs@msk.org.au on phone on (03) 8531 8000.

2. Participant details

	First Name	Family Name	Type of Update Training (Please write 'Yes' in the applicable column)			Email Address
			Warm water	Chair-based	Both	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*Add more rows to the table if needed

3. Update training fees

	Warm water only	Chair-based only	Warm water and chair-based
Individual	100	100	120
MSK Peer support group member	50	50	60

4. Credit card payment details:

Payment by: Cash Cheque Money order Visa MasterCard

Cheques and Money orders to be made payable to Musculoskeletal Australia

Amount: \$ _____

Card no _____ / _____ / _____ Exp _____ / _____

Cardholder's name _____ Signature _____

If requesting a tax invoice for your organisation, please complete this section.

Name _____ Position _____

Organisation _____

Address _____

_____ Postcode _____

Telephone _____ Email _____