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| Creating Safe Ministries Workshop Registration Form |
| **Parish/Church Name of Participant/s** |  |
| **Parish/Church email address**  |  |
| **Church address where certificates/invoice will be posted** |  |
| WORKSHOP DETAILS |
| **Please cross →** |  | **Awareness** |  | **Refresher** |
| **Workshop date:** |  |
| **Host Church:** |  |
| PARTICIPANT’S DETAILS |
| **First name** | **Surname** | **Ministry Activity** | **Email address** | **Phone Number** |
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 **Please complete the CSM workshop Registration Form and email to Gaynor Elder at** **gaynor.elder@anglicands.org.au** **at least 10 days before a workshop date.**