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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**](mailto:gaynor.elder@anglicands.org.au) **at least 10 days before a workshop date.**