



## Referees

Please provide the names, addresses and telephone numbers of two referees. AIRS reserves the right to contact these individuals if necessary.

### REFEREE ONE

Name			
Current Position			
Address			
Home Phone		Mobile	
Work Phone		Email	

### REFEREE TWO

Name			
Current Position			
Address			
Home Phone		Mobile	
Work Phone		Email	

### Declaration by Applicant

I declare that the information supplied by me on this form and supporting documentation is complete, true and correct. The Course Information Package and the website provide a detailed description, including relevant policies and other important information for your consideration prior to enrolment (e.g. Student Code of Conduct)  
Please visit [www.relationships.com.au](http://www.relationships.com.au)

I agree to conduct myself in a manner consistent with the Student Code of Conduct  
I agree to fulfil course and attendance requirements.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Send this information to:

<b>Training Coordinator</b> <b>Australian Institute for Relationship Studies</b> <b>North RydeLink Business Park</b> <b>Unit 1b, 277 Lane Cove Road</b> <b>NORTH RYDE NSW 2113</b>	<b>Phone: 8874 8090</b> <b>Fax: 9889 0364</b>
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### Office Use Only

Course Coordinator to Sign Approval \_\_\_\_\_ Date \_\_\_\_\_

*Relationships Australia* (NSW)