

**Registration Form**

**TO BE COMPLETED BY THE EMPLOYEE:**

Course Title: <u>Pre-Retirement Planning (1 day only)</u>	<b>Location:</b>
Date(s): _____	<input type="checkbox"/> St. John's
Date eligible to retire. _____	<input type="checkbox"/> Clarenville
Please indicate if your spouse/partner will attend. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Gander
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Grand Falls-Windsor
Name: _____	<input type="checkbox"/> Corner Brook
Position Title: _____	<input type="checkbox"/> Stephenville
Department: _____	<input type="checkbox"/> Happy Valley-Goose Bay
Division: _____	<input type="checkbox"/> Other _____
E-mail Address: _____	(Please specify)
Workplace Mailing Address: _____	Office Tel No: _____
Postal Code: _____	Fax No: _____
Special Needs (Medical/accessibility/allergy)	<b>Pay Level:</b>
_____	<input type="checkbox"/> HL
_____	<input type="checkbox"/> GS
Signature: _____	<input type="checkbox"/> Other _____
Date: _____	(Please specify)
	<b>Classification:</b>
	<input type="checkbox"/> Support Staff
	<input type="checkbox"/> Supervisory
	<input type="checkbox"/> Management
	<input type="checkbox"/> Other _____
	(Please specify)

**TO BE COMPLETED BY MANAGER:**

Name: _____	Office Tel: _____
Position Title: _____	Fax No. _____
State how this learning relates to the employee's/organization's performance expectations:	
_____	
_____	
_____	
Date: _____	Signature _____

Please ensure this registration form is completed in full and mailed or faxed (729-4114) to the Centre for Learning and Development, Public Service Secretariat, 5<sup>th</sup> Floor, West Block, Confederation Building, P.O Box 8700, St. John's, NL, A1B 4J6, at least 15 days prior to the course commencement date.

Date Received by the Centre for Learning & Development: \_\_\_\_\_