

# Cultural Competency Profile Order Form

(A tax invoice will be issued upon receipt of a completed order form)  
ABN: 98 090 758 713



## PLEASE SELECT:

### TEST NAME

- Aboriginal Mental Health Cultural Competency Profile (CCP) & Cultural Supervision Plan
- The General Cultural Competency Profile (GCCP) & Personal Development Plan
- Cultural Needs Scale (CNS)

## PLEASE INDICATE THE NUMBER OF TESTS YOU ARE PURCHASING

CCP: \_\_\_\_\_ @ \$75\* + GST  
GCCP: \_\_\_\_\_ @ \$75\* + GST  
CNS: \_\_\_\_\_ @ \$50\* + GST

*\* For a further discounted price of 10% please complete form & return with your credit card or post & pay by cheque*

**Please contact us via phone or email if you wish to arrange a bulk purchase for your organisation**

**Details of person/s completing test** \*\* Please provide information on ALL people who will be undertaking a test using page 2 if necessary. Details MUST include a valid email address and contact phone number.

Title: \_\_\_\_\_ Name: \_\_\_\_\_  CCP  GCCP  CNS

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Tel Bus hrs (\*required): (\_\_\_\_) \_\_\_\_\_ Tel After hrs (\*required): (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_  CCP  GCCP  CNS

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

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Position: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Tel Bus hrs (\*required): (\_\_\_\_) \_\_\_\_\_ Tel After hrs (\*required): (\_\_\_\_) \_\_\_\_\_

**Details of person/agency responsible for payment** \*\* Mailing address for a/cs information

Agency to be invoiced (\*\*required): \_\_\_\_\_



Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Agency Tel (\*required): (\_\_\_\_) \_\_\_\_\_ Fax (\*required): (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature of participant or representative: (\*required): \_\_\_\_\_

## Payment details

- Cheque made payable to "Indigenous Psychological Services" OR
- Please debit my credit card \$ \_\_\_\_\_      
Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_ (last 3 digits on back of c/c)  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_
- Send me an invoice to the email above

**Post form with payment to:**  
Indigenous Psychological Services  
PO Box 1198  
East Victoria Park WA 6981  
OR  
Fax: 08 9362 5546

**Details of extra person/s completing test** \*\* Please provide information on ALL people who will be undertaking a test. Details MUST include a valid email address and contact phone number.

Title: \_\_\_\_\_ Name: \_\_\_\_\_  CCP  GCCP  CNS

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

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Tel Bus hrs (\*required): (\_\_\_\_) \_\_\_\_\_ Tel After hrs (\*required): (\_\_\_\_) \_\_\_\_\_