## TASMANIAN ASSOCIATION OF VOCATIONAL TAVRP REHABILITATION PROVIDERS (TAVRP) INC.



INVITES YOU AND YOUR COLLEAGUES TO A BREAKFAST PD PRESENTATION

## THE MIGRATION MELTING POT: CULTURE, LANGUAGE AND DISABILITY

PRESENTER: NAOMI CAMPBELL MANAGER - SUPPORT SERVICES, MRC (NORTH)

The presentation will cover:

- An overview of Australia's migration streams
- Disability within culturally and linguistically diverse communities
- Cultural Practices
- Working with Interpreters

Naomi is a passionate advocate for people living with disability, especially those from culturally and linguistically diverse backgrounds. Naomi joined the Migrant Resource Centre (Northern Tasmania) in 2020 as a Network Coordinator in the Information, Linkages and Capacity Building Program. She is now responsible for the overall operations of disability support and capacity building services.

We require prepayment to confirm your attendance by Thursday 13 June 2024.

## LAUNCESTON PROFESSIONAL Development breakfast Series

Wednesday 19 June 2024

Grain of the Silos Lindsay St, Invermay

Please arrive by 7:30am

Speak to restaurant staff on arrival to indicate that you are there for the "TAVRP breakfast"

Presentation and discussion from 8:00am

Event concludes 9:00am

RSVP by payment and submission of this form by 13 June 2024



TAVRP Inc GPO Box 1637, Hobart TAS 7001 E: admin@tavrp.com.au TAX INVOICE ABN 96 128 479 496

(This part will form your tax invoice – no receipts will be issued). Presenter Naomi Campbell (19.06.2024)

Yes! I would like to attend the TAVRP Breakfast Presentation on Wednesday 19 June 2024. One only tea, coffee or juice is included with breakfast. Following is my breakfast request (Please pick one):

Poached eggs with streaky bacon on sourdough toast

Coconut chia pudding, with poached pears, rhubarb compote and granola

Pancakes with cinnamon apple compote, blueberries , honey, ricotta and almond crisp

Brown butter brioche french toast, with poached pear, rhubarb, vanilla cream and walnuts Special dietary requirements for health reasons:

Members \$25 (GST inclusive)		Non-Members \$35 (GST inclusive)				
Name:						
Address:						
Phone:		Email	:			
Company:						
<b>Direct deposit:</b> Name: TAVRP BSB: 037 001 Account: 186192 (Please include your name on the deposit receipt/reference section)				(PREFERRI	ED PAYMENT METHOD)	
Credit Card: Cl	harge to my	AMEX	Visa	MasterCar	ď	
Name on Card:						
Card Number:					Expiry:	/
Signature:				CVC:		

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