

# Course Application Form

## Course Details

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

## Contact Details

Mr / Ms / Mrs / Dr / A Prof /Prof (please circle)

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

## Special Requirements

Please indicate if you have:

 Food or latex allergies? \_\_\_\_\_ Special dietary needs: \_\_\_\_\_ Physical disability requiring special support  
\_\_\_\_\_ Other: \_\_\_\_\_

## NSCCAHS Employees

If you currently work within NSCCAHS please provide your payroll number so we can register your attendance on Pathlore: Payroll Number \_\_\_\_\_

## Demographic

Please assist us to deliver high quality training by providing the following confidential information.

**Current Hospital:** \_\_\_\_\_

### Professional group

 Medical specialist  CNC  Nurse Other Vocational trainee  Nurse Specialist Non-specialist/CMO  Allied health Student  PGY1  PGY2  PGY3 or above General practitioner Other:

### Area of practice

 General  ICU  Anaesthesia  ED Surgery (Specialty) \_\_\_\_\_ Paediatrics  Other \_\_\_\_\_

## Registration Fees & Payment

Your place in this course is conditional until full payment is received.

Full payment is required at least 1 month prior to the course to confirm your booking and allow sufficient time to distribute course material. Please be aware of our cancellation policy.

### Self Funded:

Course Cost (incl GST): \_\_\_\_\_

 enclosed is a cheque for \$\_\_\_\_\_ (inc GST) made payable in Australian Dollars to **Sydney Clinical Skills & Simulation Centre** please debit my  
 Visa  Mastercard  Bankcard

for the amount of \$\_\_\_\_\_ (inc GST)

Card No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Employer /Sponsor Funded:

Amount (ex GST): \_\_\_\_\_

Cost Centre/Fund/Project (if applicable): \_\_\_\_\_

Authorised Expenditure Approval Officer:

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Terms & Conditions

 I have read and understood and I agree to abide by the advice contained within the "**Practical Information and Terms and Conditions of Training**" provided. I agree not to disclose to third parties, the identity of other participants, and to withhold judgement in respect to the attitudes or performance of other participants. I meet the prerequisites of the course

Participant's Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_