STIs in WA Primary Care - Registration form

To receive access instructions for the online module, please forward this form together with full payment to: Clinical Education Coordinator email: clinic.ed@shq.org.au or fax: 08 9227 6871

First Name ______________________________ RACGP Number:______________

Last name: ______________________________ ACCRM Number:______________

Home Address______________________________ Post Code________________

Mobile: ____________________I am a Dr Nurse Aboriginal Health Practitioner Other (please circle)

***E-mail required:** ____

Registration Fee: $165 inc GST

Payment Method (please tick) ❑ EFT: please email clinic.ed@shq.org.au for account details

❑ Credit Card

Card Type: VISA / MASTERCARD

Name of Card Holder: ____________________________________

Card Number: ________ / ________ /________ /________ Expiry Date: ______ / ______

Signature of card holder: ______________________________ Amt: __________

If the registered person is not paying, please enter the name of the person or organisation making payment:

____

Fees and Refunds Policy http://shq.org.au/bookings-and-refunds-policy/

Privacy Statement http://shq.org.au/privacy-policy/

Declaration (all applicants must complete) I declare that to the best of my knowledge the information given in this application is correct and complete. SHQ reserves the right to withdraw my offer of enrolment at any stage during my course where false or misleading information has been provided. I agree to abide by the Fees and Refunds Policy of SHQ. I understand my registration will not be confirmed until full payment has been received by SHQ prior to course.

Signature: ______________________________Date:________________

This registration is a tax invoice upon payment Please keep a copy for your records.
ABN 15 275 099 026