



Contraception 2021 - Registration form

First Name _____

Last name: _____

Home Address _____

Suburb _____ Post Code _____

Mobile: _____ Occupation: _____

***E-mail required:**

Work Place:

Work Address: _____

Suburb _____ Post Code _____

Work Phone: _____

RACGP Number: _____

ACCRM Number: _____

Do you identify as Aboriginal or Torres Strait Islander person? Yes

No

Gender: _____

Preferred Pronouns: _____

Payment Method

Registration Fee: \$88 inc GST

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:

To be granted access to the recording, please return this form together with full payment to:

Clinical Education Coordinator email: clinic.ed@shq.org.au or fax: 08 9227 6871

Please see notes over the page and sign.

**This registration is a tax invoice upon payment Please keep a copy for your records.
Family Planning Association of WA 70 Roe St Northbridge ABN 15 275 099 026**



Fees and Refunds Policy

<https://shq.org.au/education/clinical-education/clinical-education-refund-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: _____

SHQ

PO Box 141, Northbridge WA 6865

Phone: 08 6164 7972 Fax: 08 9227 6871

www.shq.org.au

For any questions, please contact:

clinic.ed@shq.org.au

