

Contenance Nurse Specialists Course Registration Form & Tax Invoice

Course date(s): **May 4 – 29th 2020**

APPLICANT DETAILS (Name as listed on AHPRA Registration for Certification)

Surname:		Given names:	
Preferred Name:		Telephone: (M)	(W)
Mailing Address:			
Suburb:		Postcode:	
Email:		Special diet requests:	

PROFESSIONAL DETAILS

AHPRA Registration No.			
Name of Hospital or Organisation:			
Speciality/Department:		Position:	

REGISTRATION PROCESS

- The payment details section must be completed in full for your registration to be **accepted and waitlisted**.
- Approximately, 8-10 weeks prior to the course, candidates will be notified of a secured place, registration fees will then be processed and a tax receipt issued.
- Selection of candidates for courses is made in a fair and equitable manner.
- Once registered please check your email regularly for confirmation of placement.
- Pre-reading material and course manual will be sent to candidates **AFTER RECEIPT OF PAYMENT**.

PAYMENT DETAILS (Payment processed only after offer accepted and place confirmed)

Registration Fee: **\$ 2,200** external applicants **\$200** Ramsay employee awarded scholarship (All fees include 10% GST)

Payment Method: Cash Cheque Please make cheques payable to: **Hollywood Private Hospital**

 Credit: Visa Mastercard Bankcard

Card Number: Expiry Date: ____/____

Card Holder's name: _____ Signature: _____

Privacy Statement: The primary purpose of collecting the personal information you supply on this form is to process your registration.

COMPANY INVOICE/ TAX RECEIPT DETAILS

Company Name:		ABN
Billing Address:		
Suburb:		Postcode:
Finance Contact Person:		Email:
Telephone:	(W)	(M)

CANCELLATION & REFUND POLICY

- By completing and returning this registration form, it is acknowledged that you have read and understood the cancellation and refund policy.**
- Refunds will only be made if 14 days cancellation notice is given in writing. A \$100 administration fee and the cost of the course text book will apply.
 - Notification of cancellation is required to TrainingAdministration.HPH@ramsayhealth.com.au
- Hollywood Private Hospital reserves the right to cancel or change a course date, with full refund or transfer to another date.**

REGISTRATION INFORMATION

Email application to: TrainingAdministration.HPH@ramsayhealth.com.au

Send application to: Training & Development,
 Hollywood Private Hospital, Locked Bag 2002, Nedlands 6909

Enquiries: T: 08 9346 6620

Applicants are advised to keep a copy of this registration application for their own records

TRAINING & DEVELOPMENT USE ONLY

Amount Received (includes 10% GST): \$ _____	Date Received: ____/____/____	Receipt No: _____
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