

CLINICAL ATTACHMENT AUSTRALIA & INTERNATIONAL ENROLMENT FORM



Personal details

Name (for certificate):		
Medical practice name:		
Postal address:		
Phone:	Fax:	Email:
Member of: <input type="checkbox"/> RACGP	<input type="checkbox"/> ACRRM	<input type="checkbox"/> RNZCGP
<input type="checkbox"/> Other:	CPD number:	
How did you hear about us?		

Program selection

Skin Cancer:	<input type="checkbox"/> Redcliffe Skin Cancer Centre Queensland, Australia	<input type="checkbox"/> Monash Skin Cancer Centre Victoria, Australia
	<input type="checkbox"/> Medical University of Vienna Vienna, Austria	<input type="checkbox"/> Medical University of Lyon Lyon, France
Dermatology:	<input type="checkbox"/> Medical University of Vienna Vienna, Austria	<input type="checkbox"/> Medical University of Lyon Lyon, France
Aesthetic Medicine:	<input type="checkbox"/> Southern Cosmetics Clinic Melbourne, Victoria, Australia	<input type="checkbox"/> Haly Health & Skin Medical Kingaroy, Queensland, Australia
Clinical Attachment GP fee:		Clinical Attachment nurse fee:
<input type="checkbox"/> 2 DAY PROGRAM: \$1995.00		<input type="checkbox"/> 2 DAY PROGRAM: \$1500.00
<input type="checkbox"/> 5 DAY PROGRAM: \$3495.00		<input type="checkbox"/> 5 DAY PROGRAM: \$2995.00
Preferred attendance date: Please provide your 3 preferred dates in order of preference (e.g. 12-16 June or w/c 12 June).		
Date 1: _____	Date 2: _____	Date 3: _____

Payment method

Payment for the Clinical Attachments is required 30 days in advance. Please select your preferred payment method below.		
Direct deposit: Account name: SCI OPERATIONS. BSB: 064-445. Account Number: 1041-0752. REF: Invoice number or surname as enrolled.		
Credit card:	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA
	<input type="checkbox"/> American Express	
Name on card:		
Card number:		
Exp: MONTH / YEAR	CVC:	
Signature:		

Please return the completed form by fax to 07 3319 6251 or email to admin@healthcert.com