

#### Course Application Form

**Post:** Education and Development Unit - The Albion Centre

150 Albion St, Surry Hills NSW 2010

**Email:** [education@thealbioncentre.org.au](mailto:education@thealbioncentre.org.au)

**Phone:** (02) 9332 9720 **Fax:** (02) 9332 9775

**Please print clearly**

|  |  |  |
| --- | --- | --- |
| **Course title:** | | **Course Date:** |
| **First Name:** | **Surname:** | |
| Do you identify as an Aboriginal or Torres Strait Islander person?  No  Yes, Aboriginal  Yes, Torres Strait Islander or  Yes, both Aboriginal and Torres Strait Islander | | |
| **Position:** | **Employer or The Unit /Facility & LHD :** | |
| **Email –** *only one please***:**  **Telephone W/H or M:** | **Postal Address:**  **Postcode: Country:** | |
| **How did you find out about this course?**  Albion website  Email Update Manager/colleague  Other (specify) | I would like to receive email updates on Albion education and training courses | |

**NOTE:** Individual forms must be completed for each attendee. **Return forms by e-mail, fax, or mail. (Details at top)**

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| **NSW Health Employees:*****Please ask your manager to complete this section if course is funded by your facility LHD:***  **I authorise this application:**Name of Manager: …………………………………… Email address:……………………………………………  Signature of Manager: …………………………………………………….. Date: …………………….. |

### PAYMENT DETAILS: *(Payment details must accompany this application form, please select 1 payment option)*

**Cost of course including GST – see course flyer (if applicable): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cheque/Money Order: enclosed** (Payable to South Eastern Sydney Local Health District)

**OR**

**Credit Card:  Amex  Visa  Mastercard**

Card Number: Expiry date:\_\_\_\_/\_\_\_\_

**Name on card: ………………………………………………… Signature: ……………………………………………………………**

**OR**

**NSW Health internal payments only – GST excluded:** (manager approval sign off required -see NSW Health Employees above)

**Intrahealth Invoice transfer: Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LHD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entity number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Centre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TAX INVOICE:** Where an individual registration is for less than $1000 (incl GST) this document becomes a tax invoice for GST purposes upon completion and payment. Please photocopy and maintain for your records. (ABN 70442041439).

**☞If you do not receive an advisory or enrolment confirmation letter, please contact us.**