## **Course Application Form**

**Post:** Education and Development Unit

The Albion Centre

150 Albion St, Surry Hills NSW 2010

Email: <a href="mailto:education@thealbioncentre.org.au">education@thealbioncentre.org.au</a>
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):	Suburb / Town:	
Phone W/H or M:	Postcode:	
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)		
I authorise this application: Name of Manager: Email address:		
PAYMENT DETAILS: (Payment details must accompany this application form, please TICK 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)		
☐ <u>Credit Card</u> : ☐ Amex ☐ Visa ☐ Mastercard		
Card Number: Expiry date:/		
Name on card:         Signature:		
NSW Health internal payments only – GST excluded: (manager approval sign off required -see NSW Health Employees above window)		
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.