

#### Course Application Form

**Post:** Education Unit, The Albion Centre

150 Albion St, Surry Hills NSW 2010

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

**Email:** education@thealbioncentre.org.au

**☞If you do not receive an enrolment confirmation, please contact us - Please print clearly**

|  |  |
| --- | --- |
| **Course title:**  | **Course Date:** |
| **First Name:**  | **Surname:**  |
| **Position:**  | **Employer (Unit /Facility & LHD) :**  |
| **Email:** **Telephone:** **W/H/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)

|  |
| --- |
| **NSW Health Employees:*****Please ask your manager to complete this section if course is funded by your facility or 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)*

**Total cost of course including GST: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **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)

[ ]  **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)

Office use only: **** Confirmation letter  To finances  Receipt  Mailing List