

#### 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](mailto: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)

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| **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