

#### Course Application Form

**Post:** Education and Development Unit

The Albion Centre

150 Albion St, Surry Hills NSW 2010

**Email:** 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)**

|  |
| --- |
| **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.**