

ARC ALS2 Course Registration Form & Tax Invoice

Course date(s): _____

APPLICANT DETAILS

Surname: _____ Given names: _____
Telephone: (W) _____ (M) _____
Mailing Address: _____
Suburb: _____ Postcode: _____
Email: _____ Special diet requests: _____

PROFESSIONAL GROUP

Consultant General Practitioner Registrar Junior Medical Officer Registered Nurse Paramedic Other _____

AHPRA Registration No. _____
Name of Hospital or Organisation: _____
Speciality/Department: _____ Position: _____

REGISTRATION PROCESS

- The payment details section must be completed in full for your registration to be **accepted and waitlisted**.
- Approximately, 8-10 weeks prior to the course, candidates will be notified of a secured place, registration fees will then be processed and a tax receipt issued.
- Selection of candidates for courses is made in a fair and equitable manner.
- Once registered please check your email regularly for confirmation of placement.
- Pre-reading material and course manual will be sent to candidates no later than 4 weeks prior to the course.

PAYMENT DETAILS

Registration Fee: \$ **1,500** external applicants \$ **300** Ramsay employees (All fees include 10% GST)

Payment Method: Cash Cheque Please make cheques payable to: **Hollywood Private Hospital**

Credit: Visa Mastercard Bankcard

Card Number: Expiry Date: ____/____

Card Holder's name: _____ Signature: _____

Privacy Statement: The primary purpose of collecting the personal information you supply on this form is to process your registration.

COMPANY INVOICE/ TAX RECEIPT DETAILS

Company Name: _____ ABN _____
Billing Address: _____
Suburb: _____ Postcode: _____
Finance Contact Person: _____ Email: _____
Telephone: (W) _____ (M) _____

CANCELLATION & REFUND POLICY

By completing and returning this registration form, it is acknowledged that you have read and understood the cancellation and refund policy.

- Refunds will only be made if 35 days cancellation notice is given in writing. A \$125 administration fee will apply and course manuals are non-refundable.
- Notification of cancellation is required to ARCALS2.RHC@ramsayhealth.com.au.

Ramsay Health Care reserves the right to cancel or change a course date, with full refund or transfer to another date.

REGISTRATION INFORMATION

Email application to: ARCALS2.RHC@ramsayhealth.com.au
Send application to: ARC Course Coordinator, Training & Development,
Hollywood Private Hospital, Locked Bag 2002, Nedlands 6909
Enquiries: T: 08 9346 6108 E: ARCALS2.RHC@ramsayhealth.com.au

Applicants are advised to keep a copy of this registration application for their own records

TRAINING & DEVELOPMENT USE ONLY

Amount Received (includes 10% GST): \$ _____ Date Received: ____/____/____ Receipt No: _____