



Professional Certificate in Work Injury Management (ZPWIM) Enrolment Form

Please retain a copy of this form and return with your payment details to the Enrolment Form Return options on the last page of this form.

Applications close **Friday 31 May 2019.**

Course Enrolment and Contact Details

Please complete all fields.

Title	
Family Name	
Given Name(s)	
Mailing Address	
Suburb / Town	
Post Code & State	
Date of Birth	
Phone	()
Fax	()
Mobile	
Email	
Employer Australian Business No.	_____ (if applicable)
Have you previously studied at UniSA? If 'Yes' what was your name at the time of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fees

\$2200.00 (GST Inclusive)

Payment options

Please use only one method of payment

Cheque

I enclose a cheque for \$..... made payable to **University of South Australia**

Please attach your cheque to the enrolment form and mail to address noted below.

OR

Credit Card

Debit my credit card as per details below

Please debit my credit card to the value of \$.....	
Please Debit	<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard
Card Number	_____ _____ _____ _____
Expiry Date	___/___
Name on Card	
Cardholder Signature	
Today's Date	___/___/___

Note For GST Purposes

The Australian Business Number (ABN) for the University of South Australia is 37 191 313 308. Please regard this

Refund Policy

Up to course commencement: 85% refund.

From course commence date: no refund. However, a substitute person from the same organization may be nominated.

Enrolment Form Return Options	For course enquiries
Completed Enrolment Form with signed credit card details to: Attention: Work Injury Management Email healthstudy@unisa.edu.au Fax Fax (08) 8302 2853 Mail Completed Enrolment Form with cheque or signed credit card details to: Work Injury Management School of Health Sciences Internal Post Code CEA-14 GPO Box 2471 Adelaide SA 5001	Please contact the School of Health Sciences Email: healthstudy@unisa.edu.au Web: http://www.unisa.edu.au/hls