

Rural and Remote X-ray Operator Course (ZSX0B & ZSX0I) **Enrolment Form**

Course Enrolment (please tick to confirm enrolment)

Basic (SCHLS90003) (Commences 23rd April 2019)

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.

	Intermediate (SCHLS90004	4) (Commences 8 th April 2019)
En	rolment and Contact Details	
Ple	ase complete all fields	
	Title	
	Family Name	
	Given Name(s)	
	Mailing Address	
	Suburb / Town	
	Post Code & State	
	Date of Birth (required for network access log on)	
	Phone	()
	Fax	()
	Mobile	
	Email	
	Organisation	
	Registered Nurses	Enclose a copy of Current Annual Practicing Certificate ☐ please tick if enclosed
	Medical Officers	Enclose a copy of Current Medical Board Registration □ please tick if enclosed
	Have you previously studied at UniSA? If 'Yes' what was your name at the time of study?	□ Yes □ No

Fees Basic: \$2200.00 (GST Inclusive)

Intermediate: \$2750.00 (GST Inclusive)

Payment options

Please use only one method of payment

C	he	a	ue

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.

Credit Card

Debit my credit card as per details below

Please debit my credit card to the value of \$				
Please Debit	[] Visa / [] MasterCard			
Card Number				
Expiry Date				
Name on Card				
Cardholder Signature				
Today's Date				

Invoice

Please complete all the details below for a separate payment invoice to be issued

Please post an Invoice to the value of \$				
Organisation				
ABN				
Contact Name				
Mailing Address				
Suburb/Town				
Post Code & State				
Contact Phone				
Contact Fax				
Email				

Note For GST Purposes

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

Please regard this Enrolment form as a course offer.

Cheque and Credit Card payments: a copy of this form should be retained for taxation purposes.

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

Completed Enrolment Form with signed credit card details to:

Attention:

Rural and Remote X-ray Operator Course

Email

healthstudy@unisa.edu.au

Fax

Fax (08) 8302 2853

Mail

Completed Enrolment Form with cheque or signed credit card details to:

Rural and Remote X-ray Operator Course

School of Health Sciences

Internal Post Code CEA-14

GPO Box 2471

Adelaide SA 5001

For course enquiries

Please contact the School of Health Sciences

Email: healthstudy@unisa.edu.au

Web: http://www.unisa.edu.au/hls