



University of
South Australia

School of
Health Sciences

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

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

Course Enrolment *(please tick to confirm enrolment)*

- ☐ **Basic (SCHLS90003)** *(Commences 14th September 2020)*
- ☐ **Intermediate (SCHLS90004)** *(Commences 31st August 2020)*

Enrolment and Contact Details

Please complete all fields

Title	
Family Name	
Given Name(s)	
Mailing Address	
Suburb / Town	
Post Code & State	
Date of Birth <small>(required for network access log on)</small>	
Phone	()
Fax	()
Mobile	
Email	
Organisation	
Registered Nurses	Enclose a copy of Current Annual Practicing Certificate <input type="checkbox"/> please tick if enclosed
Medical Officers	Enclose a copy of Current Medical Board Registration <input type="checkbox"/> please tick if enclosed
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

Basic: **\$2200.00 (GST Inclusive)**

Intermediate: **\$2750.00 (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.

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	____/____/____

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	For course enquiries
<p>Completed Enrolment Form with signed credit card details to:</p> <p>Attention: Rural and Remote X-ray Operator Course</p> <p>Email health.admin@unisa.edu.au</p> <p>Fax Fax (08) 8302 2853</p> <p>Mail Completed Enrolment Form with cheque or signed credit card details to:</p> <p>Rural and Remote X-ray Operator Course School of Health Sciences Internal Post Code CEA-14 GPO Box 2471 Adelaide SA 5001</p>	<p>Please contact the School of Health Sciences Email: health.admin@unisa.edu.au</p> <p>Web: https://www.unisa.edu.au/Health-Sciences/Programs-and-Courses/Short-courses/</p>