

## ScienceReady for Health Sciences Short Course (ZSSRH)

### Registration Form – February 2020

**Final date to register**

**Face to Face (On Campus) Friday 7 February 2020**

**Online (Off Campus) Friday 7 February 2020**

## REGISTRATION FORM

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I am enrolling for (please tick one):**

☐ On-campus **(face to face)** ScienceReady short course **(#1015)**

**OR**

☐ Off-campus **(online)** ScienceReady short course **(#1016)**

**I am an international student (please tick one):**

☐ Yes

☐ No

**I am enrolled in (please tick one):**

☐ Health Sciences  
☐ Human Movement  
☐ Laboratory Medicine  
☐ Medical Radiation  
☐ Medical Sciences  
☐ Midwifery (internal)  
☐ Midwifery (external)  
☐ Nursing (internal)  
☐ Nursing (external)

☐ Nutrition and Food Sciences  
☐ Occupational Therapy  
☐ Pharmaceutical Science  
☐ Pharmacy  
☐ Physiotherapy  
☐ Podiatry

## PAYMENT DETAILS



### OPTION 1

Make your payment at Campus Central – Playford Building, Level 3, City East Campus

### OPTION 2

Scan your form with credit card details to email: [CampusCentral.CityEast@unisa.edu.au](mailto:CampusCentral.CityEast@unisa.edu.au)

☐ I wish to pay by credit card details are below:

Card Number:    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_

Card Type:        ☐ Visa    ☐ MasterCard

Card Holder Name:    \_\_\_\_\_

Expiry Date:        \_\_ / \_\_\_\_

**I authorise the amount of \$325.00 to be deducted from my credit card**

Student Name:    \_\_\_\_\_

Signature:        \_\_\_\_\_

Date:                \_\_\_\_\_