



Professional Certificate in Conservative Management of Pelvic Organ Prolapse (ZPCMP) 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.

Course Enrolment *(please tick to confirm course enrolment)*

- Conservative management of pelvic organ prolapse 1(SCHLS90015)**
 Conservative management of pelvic organ prolapse 2 (SCHLS90016) **

***Please note due to pre-requisite learning, enrolment in Conservative management of pelvic organ prolapse 2 is conditional upon successful pass grade in Conservative management of pelvic organ prolapse 1*

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	
Professional qualifications	1. Provide your current professional registration number. 2. Provide a copy of your current Australian National Police Certificate (or equivalent). 3. Provide evidence of taking one post-graduate course or professional development training in pelvic floor dysfunction and/or provide evidence that you are currently managing women with pelvic floor dysfunction in a clinical practice.
Have you previously studied at UniSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fees

Conservative management of pelvic organ prolapse 1: \$2200.00 (GST inclusive)

Conservative management of pelvic organ prolapse 2: \$2200.00 (GST inclusive)

Total fees: \$4400.00 (GST inclusive)

Please note, fees will be processed at course start date

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

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 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:
Professional Certificate in Conservative
Management of Pelvic Organ Prolapse

Email

healthstudy@unisa.edu.au

Fax

Fax (08) 8302 2853

Mail

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

Professional Certificate in Conservative
Management of Pelvic Organ Prolapse

University of South Australia

School of Health Sciences (IPC 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>