

**Rural and Remote X-ray Operator Course 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.

**\*\*Please note the last day to enrol: 30-07-2021\*\***

**Course Enrolment** (please tick)

# Rural and Remote X-ray Operator Basic Short Program (ZSXOB) 

**Rural and Remote X-ray Operator Intermediate Short Program (ZSXOI)** 

**Enrolment and Contact Details** Please 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** Enclose a copy of Current **Annual Practicing Certificate Nurses**  please tick if enclosed  **Medical** Enclose a copy of Current **Medical Board Registration**  **Officers**  please tick if enclosed | |

# Fee

**Basic: $2200.00 (GST Inclusive) Intermediate: $2750.00 (GST Inclusive)**

# Payment options – Cheque or Credit Card or Invoice

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 | [ ] 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**  Please either:   1. **Mail**   this completed form with cheque or signed credit card or invoice details to:  Rural and Remote X-ray Operator Course School of Health Sciences  Internal Post Code CEA-14 GPO Box 2471  Adelaide SA 5001  **OR**   1. **Fax**   completed form with signed credit card or invoice details to:  Fax (08) 8302 2853  Attention:  Rural and Remote X-ray Operator Course | **For course information and course related queries**  Please contact the School of Health Sciences Email: [alh-teachinglearning@unisa.edu.au](mailto:alh-teachinglearning@unisa.edu.au)  Phone: 08 8302 2425  Fax: 08 8302 2853  Web: <http://www.unisa.edu.au/hls> |