



# Simulation as a Teaching Tool

## ENROLMENT & PAYMENT FORM

Please read information carefully prior to completing the payment form.

Western Health

### MAKING PAYMENTS

▶ Payment is by CREDIT CARD ONLY:

1. Complete the details on the right hand side of this form & scan/email to [janet.beer@wh.org.au](mailto:janet.beer@wh.org.au) so your registration can be completed & payment processed. Once payment has been approved, a confirmation of course registration as well as receipt of payment will be posted to your home address
2. FOR WESTERN HEALTH EMPLOYEES ONLY - If you are paying by 'Department Cost Centre', please complete the department cost centre details in the bottom right hand corner of this form then scan & email to [janet.beer@wh.org.au](mailto:janet.beer@wh.org.au) Once payment has been approved, a confirmation of course registration as well as receipt of payment will be posted to your home address

### ENQUIRIES

Janet Beer: Simulation / Welearn Manager Centre for Education, Sunshine Hospital WCHRE Level 2/176 Furlong Road St Albans VIC 3021 Telephone: 03 8395 8040 | Mobile: 0401 695 040  
 Email: [janet.beer@wh.org.au](mailto:janet.beer@wh.org.au)

### COURSE FEES

**\*Early Bird Rate ONLY  
 \$6750 (inc. GST)**

**until Thursday 22<sup>nd</sup> December 2016\***

As of Friday 23<sup>rd</sup> December 2016  
 Registration & Cost: **\$6,900 (inc. GST)**

### CANCELLATION & REFUND POLICY

Given the overall costs involved in delivering this course, course fees of the full amount are required upfront to secure a place on this course.

If participants pay the course fee and then cancel 30 business days or more before the course, they will receive a full refund minus 10% of the total cost.

If a participant pays for the course fee and cancels less than 30 business days before the course, they will receive a 50% refund of the total amount paid.

All refund requests must be directed to **Janet Beer.**

## Simulation as a Teaching Tool ENROLMENT & PAYMENT FORM

(please note this is not a tax invoice)



Western Health

**COURSE DETAILS:** Please write in BLOCK LETTERS.

Course Name: **Simulation as a Teaching Tool (Course)**

Course Date(s): **14<sup>th</sup> – 17<sup>th</sup> February 2017 Sunshine Hospital**

**PARTICIPANT DETAILS:**

Name:

Home Address:

Suburb:

Postcode:

Tel: (BH)

Tel: (AH)

Mob:

Email:

Current Position:

Employer Name :

Previous Simulation Experience :

**PAYMENT DETAILS:**

Visa  Mastercard

Amount: \$ (INC. GST)

Expiry Date:

CVC:

Card Holder Name:

Card Holder Signature:

Date:

**PAYMENT AUTHORISATION VIA DEPARTMENT COST CENTRE**

Please charge Cost Centre:

Date:

Manager's Name:

Manager's Signature:

**\*\*\*ATTENTION CASHIER \*\*\*PLEASE PROCESS THE FOLLOWING PAYMENT to DEPARTMENT COST CENTRE: WH-001 WSH-P0622 ACCOUNT: 57001 000**