

### Course Registration Form

The aim of the BASIC Course is to teach participants to rapidly assess seriously ill patients & provide initial treatment & organ support. This course is particularly suitable for **junior registrars & other doctors new to ICU** and is recommended by the College of Intensive Care Medicine of Australia & New Zealand. <http://www.cicm.org.au/trainprogram.php>.

Preferences will be given to trainees working in South Eastern Sydney Local Health District. The course will be held at the **St George Clinical Skills Centre**, St. George Hospital, Kensington Street Kogarah.

I am registering for the BASIC Course to be held \_\_\_\_\_ as:

St George/Sutherland employee \$440 (includes GST)

External medical participant \$550 (includes GST)

**Pre course materials can be collected from the Clinical Skills Centre or mailed to you once full payment is received.**

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

Last Name: \_\_\_\_\_

Work location: \_\_\_\_\_

Level/Role: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

#### **Cancellation Terms and Conditions:**

**Cancellations within 5 weeks of the course date will incur the full course fee. If you are applying for a refund outside the 5 week period then a full refund will be offered or the option to reschedule the course to another date.**

**I have read and agree to the above Cancellation Terms and Conditions.**

I will be paying by:

Cheque (including address and phone contact details on back of cheque)

Visa / Mastercard (complete details below)

CREDIT CARD NUMBER

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(exp) \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD

AMOUNT:

\$ \_\_\_\_\_

SIGNATURE

Please return completed registration form to the St George Clinical Skills Centre.

[SESLHD-stg-clinicalskillscentre@health.nsw.gov.au](mailto:SESLHD-stg-clinicalskillscentre@health.nsw.gov.au) Ph: 02 9113 2425