

**ALS**

St George Clinical Skills Centre ALS 2 Course Registration Form

I am registering for the ALS 2 Course to be held _____ as:

- | | |
|---|-----------------------|
| <input type="checkbox"/> SESLHD medical employee | \$1221 (includes GST) |
| <input type="checkbox"/> SESLHD nursing employee | \$700 (includes GST) |
| <input type="checkbox"/> External medical participant | \$1695 (includes GST) |
| <input type="checkbox"/> External nursing/allied health participant | \$949 (includes GST) |

Registration will be confirmed and pre course materials can be collected or posted to you once full payment is received. Pre-course material must be received 4 weeks prior to course.

First Name: _____

Last Name: _____

Employee Number (SESLHD Only) _____

Email: _____

Work location: _____

Phone: _____

Specialty/Role: _____

(All applicants should hold a current clinical appointment and professional healthcare qualification).

Postal Address: _____ Post Code: _____

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:

- Visa / Mastercard (complete details below)

CREDIT CARD NUMBER (exp)

NAME ON CARD _____ CVV

AMOUNT: \$ _____

SIGNATURE _____

Please return completed registration form to SESLHD-stg-clinicalskillscentre@health.nsw.gov.au

The St George Clinical Skills Centre Ph: 02 9113 2425