

# CLINICAL ATTACHMENT AUSTRALIA & INTERNATIONAL ENROLMENT FORM



## Personal details

Name (for certificate):

Medical practice name:

Postal address:

Phone:

Fax:

Email:

Member of: ☐ RACGP ☐ ACRRM ☐ RNZCGP ☐ Other:

CPD number:

How did you hear about us?

## Program selection

### Skin Cancer:

☐ Coorparoo Skin Cancer Centre  
Queensland, Australia

☐ Redcliffe Skin Cancer Centre  
Queensland, Australia

☐ Medical University of Vienna  
Vienna, Austria

☐ Medical University of Lyon  
Lyon, France

### Dermatology:

☐ Darwin Dermatology  
Tiwi, Northern Territory, Australia

☐ Medical University of Vienna  
Vienna, Austria

### Aesthetic Medicine:

☐ Southern Cosmetics Clinic  
Melbourne, Victoria, Australia

☐ The Academy of Aesthetic  
Regenerative Medicine  
London, United Kingdom

### Joint Puncture & Soft Tissue Injections:

☐ Australian Osteoarthritis Clinic  
Box Hill, Victoria, Australia

### Fee:

☐ 2 DAY PROGRAM (GPs): **\$2,995**

☐ 5 DAY PROGRAM (GPs): **\$4,995** (only available at select locations)

☐ 2 DAY PROGRAM (Nurses): **\$1,500**

☐ 5 DAY PROGRAM (Nurses): **\$2,995** (only available at select locations)

### Preferred attendance date:

Please provide your three preferred dates in order of preference (e.g. 12-16 June or w/c 12 June).

Date 1: \_\_\_\_\_

Date 2: \_\_\_\_\_

Date 3: \_\_\_\_\_

## Payment method

Payment is required to reserve preferred dates. It is recommended that these be scheduled at least 30 days in advance. Please select your preferred payment method below.

Direct deposit: *Account Name: Event Motion. BSB: 065 115. Account Number: 1036 4562 REF: Your surname.*

Credit card: ☐ Master Card ☐ VISA ☐ American Express

Name on card:

Card number:

Exp: MONTH / YEAR

CVC:

Signature:

All prices in Australian Dollars and are inclusive of GST. Credit card payments may incur a surcharge of up to 1.78% depending on the card provider (debit cards exempt). Allocations to the above Clinical Attachments are only secured once payment and registration have been processed.

Please return the completed form by fax to 07 3319 6251 or email to [admin@healthcert.com](mailto:admin@healthcert.com)

