# ARIMGSAS ECG Workshop

| STUDENT ENROLMENT INFORMATION | Student Number: |
|---|---|
| | |

| STUDENT PERSONAL DETAILS | | | | | |
|---|---|---|---|---|---|
| **Family Name** | | | | | |
| **Given Names** | | | | | |
| **Preferred Name** (if applicable) | | **Gender** (circle) | M / F | **Birth Date** dd-mm-yy | / / |
| **Phone** | | **Mobile** | | | |
| **Email Address** | | **Country of Origin** | | | |

| ENROLMENT DETAILS | |
|---|---|
| **Workshop Date** | *Date you wish to start the workshop* |
| **Location** | **Melbourne** |

| ADDRESS DETAILS | | | |
|---|---|---|---|
| **Address** | | | |
| **Suburb** | | **Post Code** | |
| **State** | | **Country** | |

**HOW DID YOU HEAR ABOUT US?**

☐ Facebook ☐ Website ☐ Newsletter ☐ Referral By Whom……

☐ Brochure Other ……

| PAYMENT OPTIONS | |
|---|---|
| ○ **1. Local Bank Transfer** | Name: Alan Roberts IMGSAS Bank: WESTPAC BSB: 033-395 Account: 450 188<br>Reference: *Your Name* |
| ○ **2. International Bank Transfer** | Name: Alan Roberts IMGSAS Bank: WESTPAC BSB: 033-395 Account: 450 188<br>Swift Code IBAN: WPACAU2S Reference: *Your Name* **International Bank Transfer Fees may apply** |
| ○ **3. Bank Cheque or Bank Drafts** | Payable to Alan Roberts International Medical Graduates Support and Advisory Services P/L |
| ○ **4. In Person** | EFTPOS Terminal |

*All Payments made to Alan Roberts IMGSAS. We do not accept American Express or Diners Club Cards.*

**PLEASE REMEMBER TO READ AND SIGN THE NEXT PAGE THEN RETURN BOTH PAGES**

| | |
|---|---|
| ○ **5. Credit Card (Details Below)** | **Name of Card Holder: ……..**<br>**Card Holder Signature: ……..**<br>In case a different name on the card, relation to the applicant…… |

**SHORT WORKSHOP APPLICATION FORM**
3 Bowen Cr, Melbourne, VIC 3004

**PHONE**
PH: +613 9867 3344
F: +613 8648 0605

**EMAIL**
admin@arimgsas.com.au

**WEB**
www.arimgsas.com.au

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| | |
|---|---|
| **Cut and Destroy once payment has been processed** | **Card Number:**<br>☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐<br>☐☐☐☐ ☐☐☐<br>**Exp Date:** **CCV:** |

## How to apply:

Print the enrolment form provided, complete and send as email attachment to admin@arimgsas.com.au.

## Payments:

- The full amount will be deducted on application as fees for the Workshop.

## Refunds:

- No refunds will be given if you cancel your application.

## Enquiries

For all enquiries please email admin@arimgsas.com.au or call +61 3 9867 3344.

## Disclaimer:

***ARIMGSAS works in the best interest for IMG's and ARIMGSAS reserves the right to change the pricing for its workshops as required**
***ARIMGSAS reserves the right to cancel a workshop if the workshop does not meet minimum students required**

## MEDICAL DISCLAIMER:

Do you suffer from any medical condition? YES / NO

(If yes, please specify details so that we can modify our training and assessment to assist you in completing your training.) ……

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE APPLICATION PROCESS**

## APPLICANT SIGNATURE.

## PRIVACY NOTICE:

ARIMGSAS collects personal information from you including your name, date of birth, and contact details. We use this information to provide you with educational and other services requested by you. We do not pass this information to third parties without your consent except where required or authorised by law. You may access your personal information to determine what is being held and to correct the information if it is found to be inaccurate by contacting us.