

ARIMGASAS Fracture and Dislocation Workshop

<b>STUDENT ENROLMENT INFORMATION</b>	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	<i>Date you wish to start the workshop</i>				
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**

<input type="radio"/> 1. Local Bank Transfer	Name: Alan Roberts IMGASAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Reference: <i>Your Name</i>
<input type="radio"/> 2. International Bank Transfer	Name: Alan Roberts IMGASAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Swift Code IBAN: WPACAU2S Reference: <i>Your Name</i> <b>International Bank Transfer Fees may apply</b>
<input type="radio"/> 3. Bank Cheque or Bank Drafts	Payable to Alan Roberts International Medical Graduates Support and Advisory Services P/L
<input type="radio"/> 4. In Person	EFTPOS Terminal

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

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

<input type="radio"/> 5. Credit Card (Details Below)	Name of Card Holder: .....  Card Holder Signature: .....  In case a different name on the card, relation to the applicant.....
--	--

<b>SHORT WORKSHOP APPLICATION FORM</b> 3 Bowen Cr, Melbourne, VIC 3004	<b>PHONE</b> PH: +613 9867 3344 F: +613 8648 0605	<b>EMAIL</b> <a href="mailto:admin@arimgsas.com.au">admin@arimgsas.com.au</a>	<b>WEB</b> <a href="http://www.arimgsas.com.au">www.arimgsas.com.au</a>
---	---	--	--



Cut and Destroy once payment has been processed	<b>Card Number:</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	<b>Exp Date:</b>	<b>CCV:</b>	

# Alan Roberts International Medical Graduates Support & Advisory Services

---

## How to apply:

Print the enrolment form provided, complete and send as email attachment to [admin@arimgsas.com.au](mailto: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](mailto:admin@arimgsas.com.au) or call +61 3 9867 3344.

## Disclaimer:

The Participant acknowledges that Alan Roberts International Medical Graduates Support and Advisory Services (ARIMGSAS) provides the venue for the course however accepts no responsibility for the content or material provided by the course Presenter and makes no representations as to the details of the course delivered by the Presenter and the Participant further acknowledges that they have made their own assessment of the qualifications of the Presenter.

## 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.

### SHORT WORKSHOP APPLICATION FORM

3 Bowen Cr, Melbourne, VIC 3004

### PHONE

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

### EMAIL

[admin@arimgsas.com.au](mailto:admin@arimgsas.com.au)

### WEB

[www.arimgsas.com.au](http://www.arimgsas.com.au)

v 03-16