

ARIMGASAS Pain Management 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	<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> International Bank Transfer Fees may apply
<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.....
--	--

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
---	---	--	--



Cut and Destroy once payment has been processed	Card Number:	<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"/>	
	Exp Date:	CCV:	

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.

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.