MAYFIELD EDUCATION

Application Form 2010

Professional Development Day, Allied Health Assistance 18 August 2010

[ ] Session 1 (0900 - 1200)

[ ] Session 2 (1300 - 1600)

Web

Applications close 3 weeks prior to commencement
Late applications considered if course positions remain available

Full Name _____ Male ❑ Female ❑ *(please tick)*

Postal Address _____

City _____ State _____ Postcode _____

Tel. (Work) _____ (Home) _____ Fax _____

Mobile _____ Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

Educational standard/qualifications relevant to this course _____

How did you find out about this course?

❑ Mayfield Courses Book ❑ Friend ❑ Work Colleague ❑ Mailout

❑ Advertisement (Please specify ie newspaper/journal/radio) _____

❑ Mayfield Website ❑ Other _____

❑ I am a past student of Mayfield

Fee Payment.
Course Fee is $120 per person.
Fee is being paid by ❑ Self ❑ Employer ❑ Other *(Please tick)*

Cheque/money order enclosed payable to Mayfield Education Inc or

Charge to ❑ Bankcard ❑ VISA ❑ Mastercard

Cardholders Name _____ Card Expires _____

Card Number ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Authorised Signature _____ Date _____

Send to:
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Mayfield Education
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Hawthorn East Vic 3123

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Fax: (03) 9882 7518
Email: info@mayfield.edu.au
Website: www.mayfield.edu.au