Application Form 2010

Web

MAYFIELD EDUCATION

Certificate in
Infection Control and Sterilisation

Commencing **8 February 2010**
(Applications close 18 December 2010)
Late applications considered if course positions remain available

ABN: 26 540 881 341

Please attach:

- ❑ A brief curriculum vitae (CV)
- ❑ Details of relevant experience
- ❑ Details of previous courses completed in the area of application.

Please forward completed application form to:

Student Services Officer
Mayfield Education
2-10 Camberwell Road
Hawthorn East, Victoria, 3123

Applicant Details

Please answer all questions

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

Postal Address _____

City _____ State _____ Postcode _____

Residential Address *(if different from above)* _____

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 first hear about this course?

❑ Mayfield Courses Book ❑ Friend ❑ Work Colleague ❑ Mailout ❑ I am a past student of Mayfield

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

❑ Mayfield Website ❑ Other _____

Fee Payment.
Course Fee $4,951 per person

Fee is being paid by: ❑ Self ❑ Employer

Payment Method: ❑ Credit Card ❑ Cheque/Money Order ❑ EFT (details below)
❑ Purchase Order PO Number _____
(Payment or Purchase Order Number must be received before application can be processed)
(Cheque/money order made payable to Mayfield Education Inc)

EFT Details: Mayfield Education
BSB:063 -143 Account: 1005-0419
(Please list applicant name in detail area)

Credit Card Details: *(1.5% surcharge applicable to all credit card payments)*

Charge to ❑ VISA ❑ Mastercard

Cardholders Name _____ Card Expires _____

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

Authorised Signature _____ Date _____

Applicant's signature _____ *Date* _____