

Application Form 2010



Disinfection and Sterilisation for Small Practices and Clinics

[] 20 May 2010

[] 14 October 2010

Web

Applications close 3 weeks prior to commencement. Late applications considered

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 first hear 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 \$410 per person. Light lunch provided

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 _____

Send to: Student Services Mayfield Education 2-10 Camberwell Road Hawthorn East Vic 3123

Phone: (03) 9882 7644 Fax: (03) 9882 7518 Email: info@mayfield.edu.au Website: www.mayfield.edu.au