



Introduction to Healthcare Safety and Quality Improvement [ ] 16 April 2010

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 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 \$205 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 \_\_\_\_\_

Send to: Student Services
Mayfield Education
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Hawthorn East Vic 3123

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