



Certificate in Stomal Therapy Nursing

ABN: 26 540 881 341

Commencing 10 May 2010

(Applications close 19 March 2010)

Late applications considered if course positions remain available

Please attach:

- checkbox A brief curriculum vitae (CV)
checkbox Details of education completed (relevant to this course) including a copy of current renewal of registration certificate
checkbox Statement of reasons for wishing to undertake this course (no more than 200 words)

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 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?

checkbox Mayfield Courses Book checkbox Friend checkbox Work Colleague checkbox Mailout

checkbox Advertisement (Please specify ie newspaper/journal/radio)

checkbox Mayfield Website checkbox Other

checkbox I am a past student of Mayfield

Fee Payment. Course Fee \$3,665 per person.

Fee is being paid by: checkbox Self checkbox Employer

Payment Method: checkbox Credit Card checkbox Cheque/Money Order checkbox EFT (details below)

checkbox 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 checkbox VISA checkbox Mastercard

Cardholders Name Card Expires

Card Number

Authorised Signature Date

Applicant's signature Date