



Personal Details

Name: _____

Address: _____

Suburb: _____

State: _____ **Postcode:** _____ **Female/Male:** _____

Email: _____

Date: ____/____/____ **Phone:** _____

Please tick your age group	Please tick your qualifications
<input type="checkbox"/> 30 years of age or younger	<input type="checkbox"/> registered nurse
<input type="checkbox"/> 31-40 years of age	<input type="checkbox"/> enrolled nurse
<input type="checkbox"/> 41-50 years of age	<input type="checkbox"/> midwife
<input type="checkbox"/> 51-60 years of age	<input type="checkbox"/> registered nurse/midwife
<input type="checkbox"/> 61 years of age or older	<input type="checkbox"/> other _____

Credit Card Payment

Total being paid for online training program (*please tick*):

purchase of online training program, containing 7 modules for a registration period of 12 months @ \$165.00 (GST inclusive)

Visa
 Mastercard
 Amex

If paying by credit card, number:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Expiry Date ____/____ Name on Card _____

Signature _____ Date _____

Fax: Jackie Poyser – Manager, Faculties on 02 6282 3565

Phone: Jackie Poyser – Manager, Faculties on 02 6215 8341

Cheque payment

Please make cheques out to:

Royal College of Nursing, Australia

Send to: Jackie Poyser – Manager, Faculties | PO Box 219 | Deakin West ACT 2600

**Tax invoice/receipt will be mailed automatically*

**Registrations close 30 April 2010*