

BASIC Course Registration Form

Please complete the form carefully for registration
 This information is used to determine your suitability for registration.

PERSONAL DETAILS

Dr. Ms. Mr. Mrs

Surname:..... First Name:

Address:.....

City:..... Post Code: State:.....

Phone:.....

Email:.....

POSITION AND TRAINING LEVEL

PGY 1 (Intern) PGY 2 (SHO) PGY 3
 Registrar. Other

HOSPITAL

REGISTRATION FEE

	Gold Coast Staff	External
Registration Fee	\$ 250.00	\$ 500.00

The registration fee includes workshop material, morning and afternoon breaks and lunch.

Mandatory pre-reading materials may be picked up at the ICU Admin office, Block D, Level 4, Gold Coast University Hospital 4 weeks prior to the course. Manuals will be posted to external candidates to the address above.

COURSE DETAILS


DATE OF EVENT 30 October – 1 November

LOCATION Block E,
 First Floor
 Pathology and Education Centre

TIME Registration from 07:30

Location and map

Address
 1 Hospital Blvd, Southport,
 QLD, 4215
 ☎ 1300 744 284



Hospital map

How did you hear about the course?
How did you feel you will benefit from the course?
Dietary requirements?

CANCELLATION POLICY

All cancellations must be in writing.

Cancellation >21 calendar days prior - full refund.

Cancellation <21 calendar days prior - no refund for cancellations within fourteen (14) days of the course date.

Replacements by colleagues, i.e. transfer of the registration at no extra cost, are welcome.

PAYMENT

BANK TRANSFER

Account Holder: GCICU Assoc. **Bank Name:** Suncorp

Account #: 166664946 **BSB:** 484-799

Communication Please include your name as a reference

ADDITIONAL INFORMATION

To register please complete and return this form to the [email](#) indicated.

Please note that places cannot be reserved until payment has been received.

Places will be offered on an "as required" basis; therefore, each application will be considered and ranked according to the clinical need of each individual. Please detail your need for the course in the section provided on the registration form to indicate how you believe you will benefit from completing the BASIC course.

Applications will be considered and processed six (6) weeks prior to the course date.

Please direct any enquiries to Dr Peter Velloza at peter.velloza@health.qld.gov.au

Signature

Date