

APPLICATION FORM 2021 / 2022
CERTIFICATE OF PAEDIATRIC NUTRITION AND DIETETICS
PLEASE COMPLETE THIS FORM AND RETURN TOGETHER WITH PAYMENT AS SOON AS POSSIBLE TO SECURE YOUR PLACE

NAME: _____

ADDRESS: _____

TELEPHONE: _____

WORK: _____ **MOBILE:** _____

FAX: _____

EMAIL: _____

QUALIFICATIONS (INCLUDE YEAR COMPLETED) _____

NOTE: A COPY OF UNIVERSITY QUALIFICATIONS OR APD CERTIFICATE **MUST** BE SENT WITH THIS APPLICATION FORM.

CURRENT PLACE OF WORK: _____

DETAILS OF YOUR WORK EXPERIENCE:

< 1YEAR 1-3 YEARS 4-10 YEARS >10 YEARS

DETAILS OF YOUR PAEDIATRIC WORK EXPERIENCE:

< 1YEAR 1-3 YEARS 4-10 YEARS >10 YEARS

WORK LOCATION:

MAJOR CITY PAEDIATRIC HOSPITAL

MAJOR CITY HOSPITAL

RURAL HOSPITAL

PRIVATE PRACTICE

COMMUNITY HEALTH SETTING METROPOLITAN COMMUNITY HEALTH SETTING RURAL

OTHER (PLEASE GIVE DETAILS) _____

COURSE SELECTION (please tick box):

*Please
turn over to complete payment details*

Unit 1 only 13 th -16 th Sept 2021		Unit 1 & 2		Unit 2 only* Apr-Jun 2022	
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PAYMENT OPTIONS

DEPOSIT: \$200.00 Unit 1 only (GST INCLUSIVE) Due immediately

DEPOSIT: \$400.00 Unit 1 & 2 (GST INCLUSIVE) Due immediately

DEPOSIT: \$200.00 Unit 2 only (GST INCLUSIVE)

UNIT 1 ONLY: \$950.00 (GST INCLUSIVE) DUE BY 27TH AUGUST 2021
(OR MINUS DEPOSIT PAID = \$750.00)

UNITS 1 & 2: \$ 1800.00 (GST INCLUSIVE) DUE BY 27TH AUGUST 2021
(OR MINUS DEPOSIT PAID = \$1400.00)

UNIT 2 ONLY: \$950.00 (GST INCLUSIVE)

*PLEASE NOTE: UNIT 2 CAN BE UNDERTAKEN WITHOUT COMPLETING UNIT 1 IF YOU HAVE A MINIMUM OF 3 YEARS WORKING IN PAEDIATRICS. OTHERWISE UNIT 1 MUST BE COMPLETED BEFORE UNDERTAKING UNIT 2.

(PAYMENT PLAN AVAILABLE. IF REQUIRED PLEASE CONTACT MARY MCPHERSON)

TOTAL:

Please note credit card payments will incur a 1.5% surcharge

Pay by Cheque: *Please make payable to "Royal Children's Hospital"*

Pay by Credit Card: *Please complete details below:*

Card Type: **Visa** **Mastercard** **Amount:** \$ _____

Card Number: - - - - / - - - - / - - - - / - - - -

Expiry Date: - - / - -

Name: (as it appears on card) _____

Signature: _____

Note: *Any cancellations made after payment has been processed will incur a \$100 administration fee.*

Send to:

Mary McPherson & Katie O'Brien (please cc both in)

Department of Nutrition & Food Services

Royal Children's Hospital

Flemington Road, Parkville 3052

Phone: (03) 9345 5668

Email: mary.mcpherson@rch.org.au;

Katie.O'Brien@rch.org.au