The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville Victoria 3052 Australia
TELEPHONE +61 3 9345 5522
www.rch.org.au

The Royal Children's Hospital Melbourne

APPLICATION FORM 2020/2021
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)_____

_____

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

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

CURRENT PLACE OF WORK:

_____

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):

Unit 1 only		Unit 1 & 2		Unit 2 only	

Please turn over to complete payment details.

PAYMENT OPTIONS

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

DEPOSIT: **$200.00 Unit 2 only** (GST INCLUSIVE) ☐

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

UNIT 1 ONLY: **$1080.00** (GST INCLUSIVE) **DUE BY 16TH OCTOBER 2020** ☐
(OR MINUS DEPOSIT PAID = $880.00)

UNITS 1 & 2: **$ 2150.00** (GST INCLUSIVE) **DUE BY 16TH OCTOBER 2020** ☐
(OR MINUS DEPOSIT PAID = $1750.00)
(PAYMENT PLAN AVAILABLE. IF REQUIRED PLEASE CONTACT MARY MCPHERSON)

UNIT 2 ONLY: **$1080.00** (GST INCLUSIVE) (UNIT 1 MUST BE COMPLETED FIRST) ☐

TOTAL: ☐

☐ **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
Department of Nutrition & Food Services
Royal Children's Hospital
Flemington Road, Parkville 3052
Phone: (03) 9345 5668
Email: mary.mcpherson@rch.org.au