

Registration form: Obstetrics & Gynaecology Short Course



Please complete this form electronically and return it to AIHE email: info@aihe.edu.au with payment via electronic funds transfer (EFT) into the bank account as below. On receiving this form and payment your place will be reserved for the course you have selected. Numbers are limited.

Application date:

Course code: OGUW1 OGUW2
 OGUW3 OGUW4

Course dates:

Personal details

Family name (surname):

Given names:

Areas of practice:

Hospital / Employer:

Email address:

Telephone:

Mobile number:

Billing address

Building/property name:

Unit number:

Street name:

State/territory:

Street number:

Suburb/ locality/ town:

Postcode:

Registration requirements

Preferred name for name tag:

Do you currently perform ultrasound?

Which ultrasound machine/s do you use?

Are you a member of RANZCOG? Yes No

Please make payment of \$990.00 for OGUW1-4 via Electronic Funds Transfer (EFT) or credit card

Account name: AIHE

BSB number: 062 438

Account number: 1023 1114

Please state clearly your name and course code on the transfer

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.