*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: Click here to enter text.

Course dates: Click here to enter text.

**Personal details**

Family name (surname): Click here to enter text.

Areas of practice: Click here to enter text.

Hospital / Employer: Click here to enter text.

Email address: Click here to enter text.

Telephone: Click here to enter text.

**Billing address**

Building/property name: Click here to enter text.

Unit number: Click here to enter text.

Street name: Click here to enter text.

State/territory: Click here to enter text.

Course code: [ ]  PHYS1 [ ]  PHYS2

Given names: Click here to enter text.

Mobile number: Click here to enter text.

Street number: Click here to enter text.

Suburb/ locality/ town: Click here to enter text.

Postcode: Click here to enter text.

**Registration requirements**

Preferred name for name tag: Click here to enter text.

Do you currently perform ultrasound? Click here to enter text.

Which ultrasound machine/s do you use? Click here to enter text.

Please select which background you are from: [ ]  Radiology [ ]  Obstetrician / Gynaecologist

 [ ]  Sonographer (accredited) [ ]  Sonographer (student) [ ]  Medical practitioner [ ]  Ultrasound Engineer [ ]  Other (please state): Click here to enter text.

Are you a member of RANZCOG? [ ]  Yes [ ]  No

Are you a member of RANZCR? [ ]  Yes [ ]  No

**Please make payment of $350.00 via Electronic Funds Transfer (EFT)**

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.