



# Advanced Neonatal Simulation Course

## Course Registration Form

### Applicant Details

First Name:	
Surname:	
Address:	
Email address:	
Contact number:	
Course date:	

### Employer Details

Profession: (e.g. medical, nursing, allied health)	
Position: (e.g. RMO, registrar, SRN, SDN, CN, etc.)	
Specialty:	
Employed by: (e.g. FSH, CAHS, SMHS, non-WA Health)	

### Special Requirements

Dietary requirements:	
Allergies:	



## Payment Details

CAHS Medical - \$280

Non-CAHS Medical - \$350

CAHS Nursing - \$160

Non-CAHS Nursing - \$200

Card type:	
Name on card:	
Card number:	
Expiry date:	

Please return completed form to [SimulationTeam.PCH@health.wa.gov.au](mailto:SimulationTeam.PCH@health.wa.gov.au)

### Refund Policy

Cancellation up to 4 weeks before course date = 100% refund

Cancellation between 2-4 weeks before course date = 50% refund

Cancellation less than 2 weeks before course date = no refund

The PCH Simulation Team reserves the right to cancel this course four weeks prior to the scheduled course date.