Simulation – JumpStart 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

Course fees will be collected on receipt of this form. Please ensure you have sufficient funds in your account to avoid any delays. Course fees must be paid in full no later than 4 weeks before the course date or your place may be cancelled.

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.