



Simulation - ESP workshop

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



\$50

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

Please return completed form to 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.