UnitingCare
Institute of Family Practice

REGISTRATION FORM

Please print clearly
Fax to (02) 9891 5675

Name of Course:
Course Code:
Date of Course:

Name:	Daytime ph:
Organisation:	Mobile:
Postal Address:	Email:
Suburb:	This email will be used to send course confirmations.
Postcode:	

Do you have any special requirements? ……

Please tick that you have read the registration terms and conditions on the website? Yes☐ No☐

Are you an employee of UnitingCare CYPFS. Yes☐ No☐
If yes then please give following details:

Cost Centre:	Employee No:
Supervisor/Manager's Name:	

If you have not received an email confirmation 7 days prior to commencement of your course, you have not been registered. Please contact info@ifp.nsw.edu.au or phone 02 8830 0755.

Payment options

(mark one of the options below to secure your place in the above course)

Total Amount Payable: $..... GST incl ☐ GST n/a ☐

☐ 1. A tax invoice to be issued (using above details)

☐ 2. Send a cheque to: UnitingCare Institute of Family Practice
PO Box 3156
PARRAMATTA NSW 2124
Ph: 02 8830 0755

☐ 3. Debit from: Mastercard ☐ Visa ☐

Name on Card:

Signature:

Expiry Date: | | | / | | |

ifp

'developing people to work with people'