

Immunisation Certification Program: Excellence in Immunisation, Theory and Clinical Competency

PLEASE COMPLETE ALL PARTS OF THIS FORM AND TYPE OR PRINT CLEARLY

ENROLMENT MONTH: _____ Course cost \$50 for DoH staff, \$100 for non DoH staff

PERSONAL DETAILS (All fields must be completed – Please Print Clearly)

Title (Miss, Ms, Mrs, Mr etc) _____ Surname _____ First name _____

Other names _____

Address _____ Postcode _____

Mobile no. _____ Home no. () _____

Email address _____

Applicants Signature _____ Date _____

EMPLOYMENT DETAILS (All fields must be completed – Please Print Clearly)

Staff position _____ Ward/PHU/GP Surgery/etc _____

Place of Employment _____

Area Health Service / GP Division / IPN _____

Work telephone () _____

Speciality _____

PAYMENT BY STUDENT (Complete this section only if you are paying your own course fees)

Please find enclosed my cheque/money order for the sum of \$_____ made payable to the Department of Health WA (**TOTAL** includes GST)

PAYMENT BY EMPLOYER (Complete this section only if your employer is paying for your course fees)

Purchase order will only be accepted from Department of Health Public Health Units. Enrolment **cannot** be processed and confirmed unless the total fee payable (\$100 cheque/money order payable to Department of Health) is included. It is preferable to send registration and payment together.**

RIC/Managers name (Please print) _____

Signature _____ Contact no. _____

Address _____ Postcode _____

Please find enclosed my cheque/money order for the sum of \$_____ made payable to the Department of Health WA (**TOTAL** includes GST)

****REGISTRATIONS ARE REQUIRED BY COB 10TH OF EACH MONTH (NO LATE REGISTRATIONS WILL BE ACCEPTED)***

THE FOLLOWING IS FOR OFFICE USE ONLY

Supervisor allocated to student _____ Supervisors contact no. _____

Supervisors Place of employment _____

Supervisor Immunisation Certified Yes No Immunisation Certificate no. _____

Supervisor form completed and sent to DoH Yes No

Assessors name allocated to student _____

Assessors form completed and sent to DoH Yes No

Delivery of Student packages _____

_____ Postcode _____

IMPORTANT NOTE
Successful applicants will be notified by mail or email on receipt of full application

PLEASE POST COMPLETED REGISTRATION FORM TO:

Lorelle Wadley, Coordinator, Immunisation Certification Course, WA General Practice Network, Suite 1, 4 Sarich Way, Technology Park, Bentley, WA 6102. Phone: (08)9472 2922 / Fax: (08) 9361 9611

*The Department of Health reserves the right to refuse enrolment and to cancel or suspend the course at any time or for any reason determined by the Senior Policy and Planning Officer. If the Department of Health cancels a course, a refund will be made of the full course fee.

