



# CENTRE FOR REMOTE HEALTH SHORT COURSE REGISTRATION FORM

**PLEASE SAVE THIS FORM TO YOUR COMPUTER THEN OPEN IN ADOBE ACROBAT FOR COMPLETION (NOT IN YOUR WEB BROWSER)**  
Please complete all shaded areas then EMAIL to [crh.shortcourse@flinders.edu.au](mailto:crh.shortcourse@flinders.edu.au)  
**PLEASE COMPLETE SEPARATE FORMS FOR EACH PARTICIPANT**  
All red fields are mandatory

COURSE NAME			
LOCATION	DATE(S) FROM	TO	
COST			

CONTACT PERSON	NAME	EMAIL	
PARTICIPANT			
PARTICIPANT	NAME	EMAIL	
GENDER	MALE	FEMALE	OTHER
IDENTITY	Do you identify as an Aboriginal or Torres Strait Islander person?	YES	NO
FLINDERS UNIVERSITY DETAILS (if applicable)	STUDENT ID	COURSE ENROLLED	
	TOPIC CODE	TOPIC NAME	
PROFESSION			
ORGANISATION			
POSTAL ADDRESS			
PHONE	MOBILE	OTHER	
BOOKING PROCESS			
<ol style="list-style-type: none"> <li>1. Email this Short Course Registration Form to <a href="mailto:crh.shortcourse@flinders.edu.au">crh.shortcourse@flinders.edu.au</a></li> <li>2. You will receive an email confirming availability, amount payable, Booking Number and online payment instructions</li> <li>3. You will receive a tax invoice on completion of making your online payment</li> </ol>			
REFUND POLICY			
<p>Registrations can be cancelled up to <b>2 weeks prior</b> to the course start date.</p> <p>If written notification of cancellation is received by <b>Centre for Remote Health</b> within this time frame, registrants will be refunded the full amount less an <b>\$80 cancellation fee</b> to cover the transaction costs associated with the cancellation.</p> <p>No refunds will be issued when cancellation occurs within <b>2 weeks</b> prior to course start date.</p>			
CANCELLATION POLICY			
<p>This course requires a minimum number of participants. In the event of the course being cancelled, participants will be notified 4 weeks prior to the course start date and the registration fee will be fully refunded.</p> <p>Registrants are advised to make travel bookings that can be re-scheduled or cancelled.</p>			
ADDITIONAL INFORMATION ABOUT YOUR BOOKING			
OFFICE USE ONLY			
Date registration acknowledged		Booking Number	
Date Paid		Amount \$.....	

**RETURN THIS BOOKING REQUEST | ENQUIRIES TO**  
CRH SHORT COURSES [crh.shortcourse@flinders.edu.au](mailto:crh.shortcourse@flinders.edu.au)

