Application Form and Tax Invoice

Professional Development Short Course – Group Application

Course applied for: ...........................................................................................................................................

Please complete individual group member details on page 3.

Course Fee:
Course fees are subject to change each year. Please check updated information on http://sydney.edu.au/medicine/public-health/future-student/study-program/professional-development/index.php

Agreement:
By submitting this form you are agreeing that you have notified each individual group member of the following:

☐ Each individual group member understands that they may be required to complete assessment tasks for this unit, and also understands that any marks they receive for these tasks will not at any time appear on any academic transcript, nor will this unit count towards a degree. Each group member will undertake to find out the assessment requirements from the unit coordinator.

☐ Each individual group member understands that as a professional development/short course student they are not formally enrolled in an award course at the University of Sydney. They understand that they will not have full access to University of Sydney Library services, such as off-campus access to licensed electronic resources (e.g. databases, journal articles and eBooks). Each group member also understands that the coordinator of their course may organise access to alternative learning resources if this is required.

☐ Each individual group member understands that as a professional development/short course student they can access licensed electronic resources by visiting any University of Sydney Library in person; and they can acquire a short-term community access library card that provides on-campus access to borrowing collections at the University of Sydney Library (SAUD 40 for 3 months’ access per person).

Group fees:
For a group of participants from the same institution or organization, the following discounts apply:

- 3-4 participants: 10% discount
- 5 or more participants: 20% discount

Charge to credit card:

Visa ☐ MasterCard ☐

Card Number: ..............................................................................................................................
Name on card: .........................................................................................................................
Expiry date: .............................................. Amount $ .........................
Signature: ....................................................... Date: .......................
Please send your completed application form with credit card details **BY FAX ONLY** to:

Office for Teaching and Learning  
Room 329, School of Public Health  
Edward Ford Building (A27)  
The University of Sydney NSW 2006  
Phone: 02 9351 4366  Fax: 9036-6247  
Email (enquiries only – *DO NOT EMAIL FORM*): sph.enquiries@sydney.edu.au

**NOTE:** Places can only be confirmed when payment of course fees has been received.

Please complete the details below **only** if you would like to be invoiced or if you would like an invoice sent to your workplace. - All rows must be completed.

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<tr>
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(include state, postcode and country) |  |
| **Contact Email**       |  |
| **Contact Phone**       
(include STD code) |  |
| **Contact Fax**         
(include STD code) |  |
| **Amount ($AUD)**       |  |

Please complete the individual group member details on the next page (pages 3 & 4).
**Individual group member details** - All columns must be completed.

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