

APPLICATION FORM for PESCI WORKSHOP

Course Details

Duration: 1 full-day
 Fee: AUD\$350

How to Apply *

To apply, complete the following documents and send as email attachment to courses@amrc.net.au.

- Completed application form
- Proof of your payment receipt, e.g. screenshot of bank transfer receipt

*PESCI 2017-2018 intake dates. Select the intake you are applying for: **

- 5 Aug, 2017
- 14 Oct, 2017
- 3 Feb, 2018
- 19 May, 2018
- 4 Aug, 2018
- 6 Oct, 2018

Applicant Details *

Given name _____

Surname _____

Date of Birth _____
(dd/mm/yyyy)

Country of Origin _____

Address _____

Contact no. _____

Email _____

AMC Candidate no. _____

When do you plan to sit the AMC exam? (mm/yyyy) _____

Payment Methods *

Bank transfer

Bank	Westpac Banking Corporation
Branch	Haymarket, Sydney
Account name	Australian Medical Review Centre Pty Ltd
BSB	032 028
Account no.	376 081
Swift code	WPACAU2s
Reference	Applicant name

- Credit card (AMEX not accepted)

Each transaction made with credit card will incur a 2.4% surcharge.

Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card no.	_____	
Card holder name	_____	
Expiry date (mm/yy)	_____	
CCV	_____	
Amount (in AUD)	_____	

- I agree to pay the 1.5% surcharge on top of the amount stated above. **(This box needs to be checked for the credit card payment to be processed.)**

Terms & Condition *

- To secure your slot, payment should be made 2 weeks before the exam date.
- No refunds would be given to withdrawals made one week before the exam date.
- No refunds would be given for not appearing on the exam date.
- Full refund would be given if the trial exam is not delivered.
- Your personal information is used only for purposes directly related to the reason you provided it for, with the exceptions under the Privacy Act.

Terms of Service *

- I agree to the terms of service.

Signature *

BY SIGNING I CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sign here _____

Date: _____

Official Use Only

- All application documents are completed and received

Comment _____

Signature _____ Date _____