## QIP NSQHS Standards (second edition) Workshop





## **Registration Form**

Practical learnings to get your healthcare service ready for the latest NSQHS Standards.

Thank you for your interest in the QIP NSQHS Standards (second edition) Workshop. Please complete this form and return to <a href="mailto:educationandtraining@qip.com.au">educationandtraining@qip.com.au</a>.

SECTION 1. PRIMARY CONTACT INFORMATION		
1. Title (e.g. Ms, Dr, Mr etc.): Full name (first and last):		
Position title:		
Organisation: QIP client ID (if relevant):	:	
Postal address:		
Suburb: State: Postcoo	de:	
Email (for all workshop correspondence):		
Contact phone numbers: Work: Mobile:		
Dietary requirements:		
Cultural/access requirements (if relevant):		
DHA membership number (if relevant):		
AHHA member (if relevant):		
SECTION 2. QIP NSQHS STANDARDS WORKSHOP - DATES AND LOCATIONS		
Please note due to limited capacity, registrations are handled strictly on a first come, first served basis. Booking must be made <b>at least 5 business days</b> prior to the workshop.  QIP reserves the right to cancel a workshop in the case of insufficient registration numbers.		
QIP NSQHS Standards Workshop: Ballarat Melbourne (7ick chosen workshop location) (29 July 2019) (30 July 2019) (31 July 2019)		
SECTION 3. PRICING		
Please note all prices are <b>inclusive</b> of the Australian Goods and Services Tax (GST).		
\$650pp - General Registration  Number of attendees:  Total price:  (attendees X price)  DHA/AHHA members Registration		
Tax receipt to be made out to: Primary contact Organisation *QIP Clients and Members of DHA or AHHA must quote their QIP Client ID or demonstrate proof of membership to receive this discounted rate.		
SECTION 4. PAYMENT DETAILS		
<b>Credit Card</b> - please find my credit card details below. I provide QIP with permission to charge my of the registration required as per the details provided in the form.	credit card for	
Please note additional credit card processing fees apply (VISA/MasterCard 0.6% and American Express 1.3% and will time of payment)	be added at the	
☐ Visa ☐ MasterCard ☐ American Express		
Card number: Expiry date: /	CVV:	
Cardholder's name:		

For additional payment options, please liaise with the QIP Education & Training team upon provision of this form.

Cardholder's signature:

**Important:** An email confirmation will be sent to the primary contact email address on the registration form. Registration cannot be confirmed until you have received an email, or spoken to a member of the QIP Education & Training team, and payment has been arranged. Tax receipts will be provided following processing of payment.

## **SECTION 5. ADDITIONAL ATTENDEES** (if relevant)

Please add contact details for atten	dees in addition to the key contact provided in section one.	
2. Title (e.g. Ms, Dr, Mr etc.):	Full name (first and last):	
Position title:		
Email:		
Dietary requirements:		
Cultural/access requirements (if rele	vant):	
DHA membership details (if relevant):		
AHHA member (if relevant):		
3. Title (e.g. Ms, Dr, Mr etc.):	Full name (first and last):	
Position title:		
Email:		
Dietary requirements:		
Cultural/access requirements (if rele	vant):	
DHA membership details (if relevant):		
AHHA member (if relevant):		
<b>4.</b> Title (e.g. Ms, Dr, Mr etc.):	Full name (first and last):	
Position title:		
Email:		
Dietary requirements:		
Cultural/access requirements (if relevant):		
DHA membership details (if relevant):		
AHHA member (if relevant):		

We look forward to welcoming you at our QIP NSQHS Standards (second edition) Workshop. If you have any queries in the lead up to the event, contact our Education & Training team via the details below.

## **Contact Us**



1300 888 329



education and training @qip.com.au



www.qip.com.au

