

Enrolment form

Sonographic Solutions Pty Ltd
ABN 29 2040 75248



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Australia
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Personal details

First name _____ Surname name _____

Note: This is the name to be written on your certificate

Preferred name on badge: _____

Postal address _____ Post code _____

Telephone (work) _____ Mobile _____ Facsimile _____

Email _____

Course details

I wish to enrol for the *(name of course)*: _____

If your application arrives after closing date or course quota is full, do you wish to apply for a subsequent course: yes

Additional details

Do you have any special dietary requirements? Yes No

If *yes* please specify: _____

Equipment *(If applicable, which ultrasound machine are you currently using):* _____

Have you ever held an Australian radiation licence before? Yes No Licence Number: _____

If *yes* please specify the state in which your radiation licence was granted:

SA NSW VIC QLD WA TAS ACT

The year obtained: _____ Last practiced: _____ Location *(Name of centre)*: _____

I understand that Sonographic Solutions Pty Ltd can not cover for Professional / Personal Indemnity Insurance. I also understand that an administration fee applies for cancellation.

I understand and agree to these terms:

Signature

Date / /

Return completed form to:

Facsimile: 08 8331 9983

or mail

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