

HEARTSCOPE PRACTICAL ECHO TRAINING
ENROLMENT APPLICATION FORM

Section A: Your details tick applicable area/s

Dr /Mr / Mrs / Miss / Ms: (circle)

First name: _____

Family name: _____

Gender: M F

D.O.B. ____ / ____ / _____

Postal address: home work _____

Suburb: _____ State: _____ Postcode: _____

Residency: Australian New Zealand Outside of Australia/New Zealand

Ph: Home () _____ Mobile () _____

Fax () _____ Email: _____

Section B: Course Details tick applicable area/s

1. Are you currently enrolled in QUT Graduate Diploma in Cardiac Ultrasound:

Yes NO Other

Date of Enrolment: _____ (Month) _____ (Year)

2. If your answer to Question 1 is *Other* then:

Name of the course: _____

Name of the Institution: _____

Date of Enrolment: _____ (Month) _____ (Year)

(Note: Please Attach evidence of your current enrolment)

Section C: Payment method tick applicable area/s

A deposit of \$2,000 is required with the enrolment into the Heartscope Practical Echo Training Program. The remaining balance of \$12,000 will be required a week prior to course commencement date.

Course Commencement date will be advised.

MasterCard Visa EFT Cheque in \$AU, drawn on an Australian Bank

Credit Card No.:

Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____



Heartscope Limited

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Email: info@heartscope.com.au

Fax: 1300 793 236

Website: www.heartscope.com.au

Terms & Conditions of Enrolment:

The Heartscope Practical Echo Training Program:

1. Requires you to hold a minimum of Bachelors of Science Degree from any recognised Australian University or hold any other relevant undergraduate degree recognised by Australia.
2. Heartscope reserves the right to refuse enrolment on any basis and refund of the deposit will Be made in full.
3. Applicants who withdraw from the program prior to commencement will receive 80% refund of their deposit.
4. Applicants who fail to make the final payment by the due date will be taken off the program and will receive 80% refund of their deposit.
5. Applicants who withdraw after commencement of the program will not be entitled to a refund.
6. Completion of this program does not provide formal qualification of echo skills.

Acceptance:

I(Full Name) accept the terms and conditions of the Heartscope Practical Echo Training Program.

Sign:

Date: