

Mini-STEPS Course

Simulation Training and Essential Procedural Skills

Registration Form

Sept 1st 2017 Bendigo Health

FIRST NAME		LAST NAME		
HOSPITAL		POSITION		
CITY		STATE	COUNTRY	
CONTACT NUMBER		E-MAIL ID		
COLLEGE AFFILIATION		TRAINING STREAM		
Have you attended the following before registering for this course?				
BASIC Course S	Simulation C	Course Pro	cedure Course	
○ YES	YES		YES	
○ NO	O NO		NO NO	
Do you have a simulation lab in your department/hospital?				
○ YES ○ NO				



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As part of the course, we in promotion. Please indicate	•	-
○ YES ○ NO		
What do you expect to get	out of this course	e?
DIETARY PREFERENCE		
I consent to pay \$500.00 STEPS Course.) towards the reg	gistration for the Critical
SIGNATURE	FULL NAME	
Registration is on First Come First There are limited places, so HURR		Registration fees: \$500.00
Registration will be confirmed on recei	Payment: Direct Debit ONL' Bank: Commonwealth Bank	

Contact Details:

Company: AMAYZE Pty Ltd

and subjected to approval by the course committee.

ABN: 43 536 398 990

Website: www.criticalsteps.org

Email: info@criticalsteps.org Mobile: 0488 629 105

Venue:

Monash Rural Health Bendigo 26 Mercy St, Bendigo VIC 3550.

BSB: 064447 AC.10570144