



'OPEN' MEDICINES USE REVIEW TRAINING COURSE

Sunday 12th July 2009 - Wellington (venue to be confirmed)

Workshop Time: 9 am - 5 pm (Lunch at 12.30-1.00pm)

Presenters: Bob Buckham, (NZCP), Paul Frederickson (MUR Practitioner) & Dr Richard Fox from Connect Communications.

The College of Pharmacists plans to run an MUR training workshop in Wellington that is **open to any individual pharmacists wishing to attain MUR accreditation.**

Numbers will be limited to the first 26 enrolments received, and for the delivery of the workshop to be feasible, we also need a minimum of 20 people to enrol. The College reserves the right to cancel the workshop if insufficient enrolment numbers are attained.

Enrolments must be received no later than 4pm Friday 26th June 2009

If you are interested in MUR training in the future, please get in touch with the College (Expression of Interest forms are available on the College website via www.psnz.org.nz).

Name: _____

Postal Address: _____

District Health Board in which you work: _____

Does the Pharmacy in which you work currently provide MUR services, or have a contract to provide MUR? **Yes / No** (please circle)

Email Address: _____

PSNZ Mem No: _____ Telephone (wk): _____

Fee includes Pre-course Study Pack, Day Workshop and Assessment

FEE: \$535 (payment required upon enrolment) GST inclusive

I have paid by online banking/direct credit. Date paid: _____

Account details: 01-0509-0101250-00 - NZ College Of Pharmacists Inc.

(Please ensure you use your **PSNZ Membership No** & "**WLG MUR**" as reference codes)

Please charge my Mastercard / Visa (please circle) **Amount \$535**

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Enrolments to: NZ College of Pharmacists, PO Box 11 640, Wellington

Tel: 04 802 0030

Fax: 04 381 4786

Email: nzcp@psnz.org.nz

Enrolments will only be accepted by fax or email if paying by credit card or online banking
Should the workshop be insufficiently subscribed, all fees received will be refunded in full.

Please complete both sides of this form



ENROLMENT FORM (Continued)

MEDICINE USE REVIEW TRAINING COURSE

Name:

DECLARATION

Privacy Act 1993

I understand that the personal information I have provided allows the New Zealand College of Pharmacists (NZCP) to carry out its purpose as a provider of education and training and this is covered by the Privacy Act 1993.

I am aware that this information is collected and used by appropriate staff at NZCP involved in the administration of my enrolment and in the teaching, assessing or researching of the academic programme of study I have chosen.

I also authorise selected categories of this information (name, contact and academic details) being disclosed to supporters of courses, namely Pharmacy Council of New Zealand, NZCP Executive Council.

I do not object to my name being published in a list of successful candidates.

I am also aware that I am able to have access to the information held on me and that this information can be corrected at any time at my request.

I verify that all the information shown on this form is complete and correct.

Signed:

REFUND POLICY

Participants who wish to withdraw from a programme will be entitled to a programme fee refund if the request to withdraw observes the following:-

1. Decisions to withdraw **must** be notified in writing.
2. Refunds will be given according to the withdrawal policy approved by the Executive Council. If notification is given prior to the first audioconference or workshop:
 - More than four weeks notice - 80 % refund
 - Two to four weeks notice - 50 % refund
 - Less than two weeks - no refund will be made.
3. If the programme material has already been mailed to participants, this must be returned to the College in order for a refund to be actioned.

The General Manager has discretion to refund for exceptional circumstances or to allow transfers to other courses offered in the same calendar year. Exceptions to this policy may be allowed at the discretion of the Executive Council eg compassionate grounds in writing.
