



ENROLMENT FORM MEDICINES USE REVIEW TRAINING COURSE



Hamilton (Waikato DHB) Sunday 21st June 2009
Venue: **AARON COURT MOTOR INN**, 250 Ulster Street, Whitiara, Hamilton

Presenters: Robert Buckham, Liz Johnstone (NZCP/PSNZ), Marie Bennett (MUR Practitioner) and Dr Richard Fox from Connect Communications

Workshop Time: 9 am - 5 pm (Lunch at 12.30-1pm)

Name: _____

Postal Address: _____

Email Address: _____

PSNZ Mem No: _____ Telephone (wk): _____

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

FEE: Pharmacist to pay upon enrolment \$535
GST inclusive (Tax Invoice: GST No 57 053 992)

Pharmacists contacted by the Waikato Community Pharmacy Group need to pay the full fee to the College, and if they finish their accreditation within 3 months of the training WCPG will reimburse them \$500 each.

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** & "**HamiltonMUR3**" as reference codes)

I enclose cheque / Mastercard / Visa (please circle) **Amount \$535**

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Enrolments to: NZ College of Pharmacists, PO Box 11 640, Manners St, Wellington 6142
Tel: 04 802 0030 Fax: 04 381 4786 Email: nzcp@psnz.org.nz

**Enrolments will only be accepted by fax if paying by credit card or online banking
Please post your enrolment form if paying by cheque**

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.
