

ABN 24 500 842 605

Head Office: HNE Population Health
Locked Bag 10, Wallsend NSW 2287

Newcastle Office Ph: (02) 4924 6477 Fax: (02) 4924 6490

Tamworth Office Ph: (02) 6767 8630 Fax: (02) 6766 3003

Taree Office Ph: (02) 6515 1856 Fax: (02) 6515 1804

Email: phenquiries@hnehealth.nsw.gov.au



Registration Form Annual Immunisation Education for Authorised Nurse Immunisers

Candidate's Name:

Place of Work & Address

Unit (if applicable):

Payroll No _____

Home Postal Address:
(include postcode)

Contact Phone:

Daytime:

Mobile:

Email:

Education Date: ___/___/___

Venue:

FAX REGISTRATION TO: RELEVANT LOCAL OFFICE FAX AS ABOVE

PLEASE SEND PAYMENT TO: HNE Population Health, Immunisation Unit, Locked Mail Bag 10, Wallsend NSW 2287

Program fee \$55.00 non-HNEHS employees & non-Practice Nurses

- I am an employee of HNEAHS or a practice nurse OR
- I am an authorised nurse immuniser working in the private sector

Please forward registration form and payment at least one month prior to your course date to:

- Please find my cheque / money order for \$55.00

(Please make cheques payable to *Hunter New England Area Health Service*)

- I wish to pay by credit card : VISA MASTERCARD BANKCARD

Card Number:

Card Expiry Date:

Name on card

(Please print)

Signature: _____

Tax Invoice: This document serves as a tax invoice for GST purposes after payment.
No receipt will be issued.

Office use ONLY:

Date received: / /

Cheque A/c Name:

Cheque A/c No.: