



Enrol in Primary Care Dermatology

Australian College of Rural and Remote Medicine

Name and contact details

Title: _____ First name: _____ Other name/s: _____

Family name: _____ ACRRM number (if known): _____

Mailing address: _____

Postcode: _____ Fax: _____

Phone: _____ Mobile: _____ Email: _____

Procedural grants claim?

Do you intend to claim procedural grants for Module 5? Yes No

I learned about the course from ...

- Country Watch word of mouth email from ACRRM
 a regional training provider ACRRM website Other _____

Professional development

I am registered for continuing medical education with: ACRRM RACGP

Enrolment options

Pay as you go

Enrol in, and pay for, individual online modules. (Enrolment for the practical modules, 5 and 6, is on page 2)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Module 1: \$ 450 | <input type="checkbox"/> Module 7: \$ 300 | <input type="checkbox"/> Module 13: \$ 300 | <input type="checkbox"/> Module 19: \$ 300 |
| <input type="checkbox"/> Module 2: \$ 300 | <input type="checkbox"/> Module 8: \$ 600 | <input type="checkbox"/> Module 14: \$ 300 | <input type="checkbox"/> Module 20: \$ 450 |
| <input type="checkbox"/> Module 3: \$ 450 | <input type="checkbox"/> Module 9: \$ 450 | <input type="checkbox"/> Module 15: \$ 300 | <input type="checkbox"/> Module 21: \$ 300 |
| <input type="checkbox"/> Module 4: \$ 600 | <input type="checkbox"/> Module 10: \$ 300 | <input type="checkbox"/> Module 16: \$ 450 | <input type="checkbox"/> Module 22: \$ 450 |
| | <input type="checkbox"/> Module 11: \$ 300 | <input type="checkbox"/> Module 17: \$ 300 | <input type="checkbox"/> Module 23: \$ 300 |
| | <input type="checkbox"/> Module 12: \$ 450 | <input type="checkbox"/> Module 18: \$ 300 | <input type="checkbox"/> Module 24: \$ 300 |
| | | | <input type="checkbox"/> Module 25: \$ 450 |

Total for online modules: \$

Complete course

I wish to enrol for the complete Certificate Course for a total of \$11,200. I will pay \$7,500 now for all 23 online modules (modules 1 to 4 and 7 to 25). I understand that the College will invoice me separately for the two practical modules when my place in each is confirmed. \$7,500

Module 5: Workshop

Please register me for the next available face-to-face workshop module. I understand that the College will invoice me for **\$2,100** when my place is confirmed. (Please note that you must complete Module 4 before attempting Module 5. If you enrol in both Modules 4 and 5, you will pay a net fee of \$2,500, saving \$200) (Invoiced after place confirmed)

Module 6: Clinical experience

Please register me for the next available clinical experience module. I understand that the College will invoice me for **\$1,200** when my place is confirmed. (Invoiced after place confirmed)

Upgrade course

I am a graduate of the Certificate in Primary Care Skin Cancer Management course (Modules 1 to 6 in this course). I would like to enrol and pay for modules 7 to 25. \$6,500

Text book

Skin Disease Diagnosis and Treatment (2nd edition) by Thomas P Habif: discounted price \$80. (Limited supplies.) \$80

Declaration

I have read, and accept, the Course Conditions and Refund Policy on page 3 off this enrolment form.

Signed: _____ Date: _____

Privacy

I understand ACRRM collects and stores my personal information for the purposes of providing membership services, and education and training programs. Personal information will not be passed onto any other external bodies without my authorisation, unless a valid legal demand is received by the College.

Signed: _____ Date: _____

Payment methods

- 1 Mail:** Complete this form and mail it with your payment to:
ACRRM
GPO Box 2507
Brisbane Qld 4001
- 2 Fax:** Complete and fax this form with credit card details to ACRRM on (07) 3105 8299
- 3 Phone:** Freecall **1800 223 226** and have your Visa or MasterCard details ready.
- 4 Direct deposit:** Write your full name in the reference field.

How to pay

Direct deposit:
Account name: ACRRM
BSB: 034 003
Account number: 264 808
Reference: (Enter your full name)

Cheque or money order:
Please make payable to:
Australian College of Rural and Remote Medicine

Credit Card:
Please debit my **Visa** **MasterCard** Amount: AUD \$.
Number: Expiry date:

Card holder's name: _____ Signature: _____

Conditions

1. Course fees are levied for each online module, the face-to-face workshop, clinical experience options, and the case reviews.
2. ACRRM help desk services are included in the fee(s).
3. Your enrolment will be confirmed after ACRRM receives the completed enrolment form and payment of relevant course fees.
4. Access to online modules is ongoing and will be available for up to three years after the date of your first enrolment.
5. Enrolment in the practical modules (face-to-face workshop and clinical experience modules) is available at set times of the year, in accordance with demand.
6. You must confirm your enrolment in the practical modules at least 30 days before the training begins.
7. You are to meet any costs associated with attending the practical modules (such as travel, accommodation and materials).
8. Before you participate in the face-to-face workshop you will need to successfully complete Module 4: Practical Procedures in Dermatology.

Refund policy

1. No refund of fees will be made once you enrol in an online module.
2. A partial refund (90%) of fees will be made if you withdraw more than 30 days before the commencement of a practical module (face-to-face workshop or clinical experience module).
3. A partial refund (50%) of fees is available if you withdraw less than 30 days before a practical module commences and before the first day of training.
4. No refund will be made if you withdraw (formally or without notice) after commencement of a practical module.
5. A full refund of fees will be payable when an offer of placement is withdrawn or in the unlikely event the College is unable to provide the program.
6. If you withdraw from a practical module(s) a request for refund must be made in writing to: Chief Executive Officer, ACRRM, GPO Box 2507, Brisbane QLD 4001.
7. Refunds will be paid within four weeks of the ACRRM CEO receiving a written claim from you.
8. Refunds will be issued to the person enrolled unless that person gives a written direction to the ACRRM CEO to pay the refund to another person or entity.