

Application Form – Coding Refresher Short Course

Please complete all sections. All information given will be held in strict confidence.		
Family name:		
Given name:	Title:	
Organisation Name:		
Postal address:		
Suburb/Town:	STATE:	POSTCODE:
Telephone no: (Daytime)	(Evening)	
Mobile 'phone no:	FAX NO:	
E-mail address:		
EDUCATIONAL QUALIFICATIONS / COURSES COMPLETED (List most recent study first)		
Year Completed	Qualification / Course Name	Name of educational institution or training organisation
RELEVANT WORK EXPERIENCE (Start with present position)		
Dates	Position	Name and address of organisation
Responsibilities:		
Dates	Position	Name and address of organisation
Responsibilities:		

<p>2009 Course Fee: \$1375 Optional tutorial: \$100</p> <p><i>Application form to be sent to:</i></p> <p>Coding Refresher Course Attention: Liz Deans School of Public Health Faculty of Health Sciences La Trobe University. BUNDOORA. 3086. AUSTRALIA.</p> <p>Or fax to: +61 3 9479 1783</p> <p>Marked attention to: Liz Deans</p>	<p>Please register your interest as soon as possible to: coding@latrobe.edu.au.</p> <p>Applications due by:</p> <p>Wednesday 21 January 2009</p> <p>Contact Details:</p> <p>For further information about the course you can contact the Coding Auditing Course Administrator on +61 03 9479 1811 or email: coding@latrobe.edu.au</p> <p style="text-align: right;">12/08</p>
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