Spirometry training program registration form

To register for the Queensland Health Spirometry training program, complete this form and return it by email or fax.

Please complete all relevant sections on this form, SAVE and then SEND to: QHSTP@health.qld.gov.au

Course Details	FULL PROGRAM:			REFRESHER PROGRAM:		
	QLD Government employee - \$275			QLD Government employee - \$275		
	NON-QLD Government employee \$550 (inclusive of GST			NON-QLD Government employee – \$330 (inclusive of GST)		
Personal Details C	Course location and dat	е				
	Surname				First name	
	Email				Phone	
	Job title /profession					
	Department					
	Hospital / Organisation					
	Dietary requirements					
Invoicing Details	Person / Organisation being invoiced					
	Postal address for invoicing (No PO Box address)					
	Email address (if different from above)					
	Preferred phone contact (if different from above)					
Cost Centre Invoicing	Cost Centre number:					
	HHS and Facility:					
	Cost Centre Manager:					
QH	Phone number:			Email:		
Payment method Payment by credit card OR Payment by Invoice OR Payment by QH Cost Centre						
Credit card						
Card type:		M	astercard			
Card number					Fyning data	
Name on card Signature				(n	Expiry date on required if submitting electronically)	
(not required in additing electronically)						

I have read and understood the enrolment and cancellation policy on the QHSTP website. https://metronorth.health.qld.gov.au/wp-content/uploads/2020/10/qhstp-enrolment-policy.pdf

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For further enquiries

Email: QHSTP@health.qld.gov.au

Phone: (07) 3139 4755 Fax: (07) 3139 4730

