

MEDTECH HOUSE TRAINING REQUEST FORM

Contact Details:

Name: _____

Practice Name (if applicable): _____

Street Address: _____

Suburb: _____ City: _____

Ph: _____ Fax: _____

E-mail: _____

**Please select the Training Module of your choice. (refer to Page Two for Session dates and times):
Times are 8.30 am to 2.30 pm with an option of leaving earlier if not sitting the test**

- | | |
|---|-------------|
| <input type="checkbox"/> Reception Intro Module | \$350 + gst |
| <input type="checkbox"/> Allied Health Reception Intro Module <i>(For use in Physio Clinic)</i> | \$350 + gst |
| <input type="checkbox"/> Nurse/Doctor Intro Module | \$350 + gst |
| <input type="checkbox"/> NIR & Immunisation Module (new course) | \$350 + gst |
| <input type="checkbox"/> Query Builder <i>(minimum 3 mths using Medtech32)</i> | \$350 + gst |
| <input type="checkbox"/> Advanced Reception /Administration Module | \$350 + gst |
| <input type="checkbox"/> Nurse Advanced Module <i>(Minimum 3 months using Medtech32)</i> | \$350 + gst |
| <input type="checkbox"/> Doctor Advanced Module | \$350 + gst |

Each course will have an examination, which you may voluntarily sit after your session.

This test is graded and certificated accordingly to add to your CV.

Please specify preferred dates (refer to page two for session dates and times):

First Date: _____

Second Date: _____

All training sessions are limited to eight people per module, with a minimum of three participants. Training documents provided. ***You will be advised of any changes to your booking with 24 hours prior notice.***

Failure to attend without 24 hours notice will incur a cancellation fee of \$50+GST.

Please email this form to trainingnz@medtechglobal.com OR return to fax number 0800 633 832. Our Training Manager will send you confirmation of your booking dates and times.

If you have any queries regarding the scheduling of your training please contact MedTech Ltd on (09) 358 0116

Signature: _____