



**nexus**



**CONNECTING HEALTHCARE AND AVIATION – HUMAN FACTORS TRAINING**

**This Invoice form is for Organisations External to WA Gov Health System Only.**

**(EMHS staff do NOT need to complete this form.)**

**Please ensure you have signed up to the session/s in Eventbrite prior to submitting this form.**

- Please print clearly and complete the application sections in full, as directed.
- Once completed email this form to [RPBG.NEXUS@health.wa.gov.au](mailto:RPBG.NEXUS@health.wa.gov.au)
- Payment must be made via the invoice mailed to you by Health Support Services, prior to the start date of your training session.

<b>A. APPLICANT DETAILS – Please print clearly. Incomplete or eligible forms will be returned to the applicant.</b>			
Surname:			
First name:		Preferred name:	
Home / Postal Address:		State:	Post Code:
Phone (home):	Mobile:	Work:	Pager:
Email ( <b>must be supplied</b> ):			
Position:		Department:	
Employer:			
Work Location Campus:			
<b>B. COURSE DETAILS – Please print clearly. Incomplete forms will not be processed.</b>			
Course title: NEXUS Level (please circle)	1	2	3
Date/s:			
Cost: \$375 per level incl GST (Course: \$340.91 + GST: \$34.09)		<b>Total cost:</b>	
Payee responsible: <input type="checkbox"/> Self <input type="checkbox"/> Employer (Must Complete section C)			
Payment details: <input type="checkbox"/> Invoice			
Employer's address: (if employer paying course fees)			
			Post Code:
<b>C. MANAGER APPROVAL – Details of Manager Approval must be completed (if applicable) or the form will be returned to the applicant.</b>			
Name:		Position:	
Organisation:		Date:	
Phone:		Signature:	