

Training Registration – Semester 2, 2025

On-site training is held at The Royal Children's Hospital, Health and Education Learning Precinct, West Building, Level 1

THE COLOR OF CREEKINGS WENT OF C							
Section A - Personal Details							
Name							
Phone (mobile)		Phone (work)					
Email							
Department							
Date							
SECTION B - CHOOSE YOUR SESSION(S)							
		Cost (incl. GST)					
Nursing & Allied Health		\$0					
Cochrane Library		\$0					
EndNote Demonstration		\$45		1. Choose a date			
EndNote Tutorial 1		\$45					
EndNote Tutorial 2		\$45		2. Check the box			
Finding the Evidence		\$0		to calculate total			
Introduction to the Library		\$0					
Ovid Medline		\$0					
	Enter total payable amount here →	Total: \$					
Section C - Payment Details		-		-			
 □ No charge □ Internal transfer - go to Section D □ Credit/Debit Card - credit cards attract 1.5% surcharge 							
Card type:	☐ Visa ☐ MasterCard						
Card holder name:							
Card number:							
Card verification number:	3 digits, on the back of your card						
Expiry date:	mm/yy						

Libr	ary	Traini	ng
Re	gis	trati	ion

Section D - Internal transfer - to be completed by an authorised signatory					
Cost centre debited					
ost centre signature					
ignatory's name blease print)					
epartment position					
Pate					
* The total amount debited to the department will be ex-GST					
eturn to Poh Chua: mail poh.chua@rch.org.au Post Library, The Royal Children's Hospital, 50 Flemington Road, PARKVILLE VIC 3052					
ote: Fees will be refunded only if participants withdraw two weeks prior to commencement of a training session. After this date, no refund will be made. ookings will be confirmed on receipt of payment. This form is not a confirmation of enrolment. An email confirmation will be sent prior to training to					

confirm your place. We reserve the right to cancel any training session which does not achieve minimum participation within one week of the scheduled date, in which case fees will be refunded. This form becomes a tax invoice upon receipt of payment. ABN 35 655 720 546

Library

The Royal Children's Hospital Melbourne 50 Flemington Rd Parkville Victoria 3052 Australia TELEPHONE 9345 5108 FACSIMILE 9345 9195 EMAIL rch.library@rch.org.au www.rch.org.au/library