

# Library



## Training Registration – Semester 1, 2026

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

### SECTION A - PERSONAL DETAILS

Name

\_\_\_\_\_

Phone (mobile) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email

\_\_\_\_\_

Department

\_\_\_\_\_

Date

### SECTION B - CHOOSE YOUR SESSION(S)

#### Cost (incl. GST)

<b>Nursing &amp; Allied Health</b>	\$0	<input type="checkbox"/>
<b>Cochrane Library</b>	\$0	<input type="checkbox"/>
<b>EndNote Demonstration</b>	\$45	<input type="checkbox"/>
<b>EndNote Tutorial 1</b>	\$45	<input type="checkbox"/>
<b>EndNote Tutorial 2</b>	\$45	<input type="checkbox"/>
<b>Finding the Evidence</b>	\$0	<input type="checkbox"/>
<b>Introduction to the Library</b>	\$0	<input type="checkbox"/>
<b>Ovid Medline</b>	\$0	<input type="checkbox"/>

1. Choose a date
2. Check the box to calculate total

*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*

# Library Training Registration

## SECTION D - INTERNAL TRANSFER - TO BE COMPLETED BY AN AUTHORISED SIGNATORY

\*Cost centre debited

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Cost centre signature

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Signatory's name  
(please print)

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Signatory's  
department position

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Date

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\* The total amount debited to the department will be ex-GST

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**Return to Poh Chua:**

Email [poh.chua@rch.org.au](mailto:poh.chua@rch.org.au) **Post** Library, The Royal Children's Hospital, 50 Flemington Road, PARKVILLE VIC 3052

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Note: 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. Bookings 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

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## 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](mailto:rch.library@rch.org.au) [www.rch.org.au/library](http://www.rch.org.au/library)