

# Library



The Royal  
Children's  
Hospital  
Melbourne

## Training Registration – Semester 2, 2026

### 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"/>	1. Choose a date 2. Check the box to calculate total
<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"/>	

*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

Cost centre signature

Signatory's name  
(please print)

Signatory's  
department position

Date

---

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

---

**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

---

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

---

### Library

The Royal Children's Hospital Melbourne  
50 Flemington Rd  
PARKVILLE VIC 3052 Australia

PHONE 9345 5108  
EMAIL [rch.library@rch.org.au](mailto:rch.library@rch.org.au)  
WEB [rch.org.au/library](http://rch.org.au/library)