

Enrolment Form

Personal Details

First Name:

Surname:

(This will be the name on your certificate)

Preferred name on badge:

Postal Address:

Telephone (Work):

(Mobile):

Email:

Course Details

I wish to enrol for the rural and remote x-ray training course.

If your application arrives after the closing date, or the course is full, do you wish to apply for a subsequent course?

Additional Details

Do you have any dietary requirements?

If yes, please specify

Have you ever held an Australian Radiation licence before?

Licence Number:

If yes, please specify the state in which the licence was granted:

The year obtained:

Last Practiced:

Location *(name of centre)*:

I understand that Country X-Ray Training cannot cover for Professional/Personal Indemnity Insurance

I also understand that an administration fee applies for cancellation

I understand and agree to the terms

Signature:

Please email completed enrolment form to:

Date:

**Country X-Ray Training
admin@cxrt.com.au**