

## Sexual and Reproductive Health Australia National Certificate for Doctors Registration Form

Please return this form to [shfpactclinicaltraining@shfpact.org.au](mailto:shfpactclinicaltraining@shfpact.org.au)

**First name:**

**Last name:**

**Title:**

**Address:**

**Phone number:**

**Email:**

**AHPRA:**

**RACGP:**

**Medical Degree:**

**Year of graduation:**

**PGY Year (if applicable):**

**Do you have any dietary requirements or allergies?**

**Are you a Person with Disability?**

**Would you like to participate in the Implanon training at the end of the first theory day (not compulsory and included in the fee)?**

**Would you like to complete the clinical attachment (must be completed within 2 years of completing the theory component)?**

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Once we have received your application, we will send you an invoice. Your placement in the course is not confirmed until payment is made.

**Theory and assessment fee: \$2,060**

**Clinical Attachment (optional): \$980**

**Billor name:**

**Billor address:**

**Billor phone:**

**Billor email:**