



APPLICATION FORM: 90 minute Webinar
FULL-TIME STUDENT DISCOUNT

Email to: events@delphicentre.com.au

In our endeavour to support the quality training of health professionals, we offer a discount for FULL-TIME STUDENTS.

(Please use clear BLOCK LETTERS)

Name:.....

Education facility at which I am enrolled:.....

Name of Head of School:.....

Business hours telephone contact for Department:.....

Criteria:

*Eligibility applies if ALL of the following reflect your circumstances
– This includes combined financial income with a spouse / partner:*

- | | |
|---|--------------------------|
| | Tick to Confirm |
| 1. I am currently enrolled as a full-time student and | <input type="checkbox"/> |
| 2. My / our combined gross annual income is less than \$25,000.00 and | <input type="checkbox"/> |
| 3. I have attached a copy of documentation (eg. student card, enrolment papers) that identifies me as a full-time student and | <input type="checkbox"/> |
| 4. My registration will be fully self-funded (not by an agency/organization) | <input type="checkbox"/> |

I understand that I am eligible for the student discount where all the above criteria are accurate with regard to my position and the requested information is provided. I **attach this** to my **completed registration form** with full payment at the **Student Discount Rate** of:

Registration Fee: \$45

Special discount ‘Hidden Dangers of COVID-19’ Fee: \$35

IMPORTANT:

Forwarding this application is an acceptance of the advertised **Terms and Conditions**.

I understand my **tax receipt / confirmation letter** will be emailed to me within 3 business days and that it is my responsibility to contact TAS should I not receive this.

Signed:..... Dated:.....