



PSWA Intern Training Program 2010/11 Midyear Program – Application Form

Enrolments will close on 27 August and course commences on 30 August 2010

To register, complete this form and submit by:

- Post – PSWA 21 Hamilton Street, Subiaco WA 6008
- Fax – 08 9388 2940

I wish to apply for registration in the PSWA 2010/11 Midyear Intern Training Program.

- I have read the entry letter and the refund policy.
- I have included a copy of evidence of my eligibility to graduate as a B.Pharm / M.Pharm or evidence of my successful completion of APC skills assessment for Overseas Applicants.
- I have read, and agree to abide by the PSA Code of Professional Conduct.
- I will complete a *Traineeship Agreement* form with my preceptor and / or employer.

Signature: _____ **Date:** _____

Personal Details

Title: Dr / Mr / Ms / Mrs / Miss Male Female

Last name: _____

First name: _____ Middle name: _____

Preferred name: _____ Post-nominal: _____

Home address: _____ Work address: _____

State/Postcode _____ State/Postcode: _____

Phone: _____ Phone: _____

Mobile number: _____ Fax: _____

I prefer to receive PSWA mail at Home Work

Email address: _____

Final year of initial pharmacy qualification: _____ Date of birth: _____

Internship Details

Preceptor name: _____

Preceptor email: _____

Preceptor pharmacy name: _____

Preceptor pharmacy address: _____

_____ State/Postcode: _____

Preceptor pharmacy phone: _____ Fax: _____



Intern Training Programme Fee Options (incl GST)

- Single payment of \$1500
- Two instalments of \$750

Payment Details

- Cheque / Money order Credit card

Credit card type: Visa Mastercard AMEX

Card number: _____ / _____ / _____ / _____ / _____

Expiry date: / _____

Signature: _____

Date: / / _____