



**AUSTRALASIAN BOARD OF CARDIOVASCULAR PERFUSION**  
**AUTOTRANSFUSION COURSE**  
**STUDENT REGISTRATION:**

**Name:**

**Work Address:**

**Email:**

**Telephone:**

**Qualifications:**

**Position:**

**Hospital/Employer:**



## Conditions of Application:

1. I certify that all details are correct.
2. I agree that no course materials will be provided to me until I have paid the course fees as outlined in the Application Package.
3. I agree to have my name placed on a Register of Students who have completed the ABCP Autotransfusion Course.
4. I agree that although this course provides me with some theoretical information it does not imply clinical proficiency in the operation of a Cell Salvage device.

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Name of Applicant

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Name of  
Applicant's employer:

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Position

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Signature of Applicant

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Signature of Applicant's Employer



## Payment Details:

Payment is required prior to the commencement of the Autotransfusion Course.

Payment is to be made to the Australia and New Zealand College of Perfusion (ANZCP) using the form below:

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## Credit Card Payment:

VISA

MASTERCARD

-     -     -

Expiry Date:

/

Amount Paid: \$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Bank Deposit:**

**Account Name:** ANZCP

**BSB:** 032 - 340

**Account Number:** 10 - 3758

**Reference:** AUTO – “Your Name”