

360° Feedback Application

2008 – 2010 TRIENNIUM

I would like to participate in the 360° Feedback Questionnaire Clinical Audit Quality Assurance option for the 2008 - 2010 triennium

Name:	(Dr/Mr/Mrs/Ms/Miss)		M / F
Organisation name:			
Address:			
Contact tel no:		E-mail address:	
QA & CE no:		<i>Points cannot be awarded if QA reference no is not provided</i>	

I enclose a cheque for \$176 (inc. GST), made payable to: 'Client-Focused Evaluations Program' or 'CFEP'

OR

I would like to pay \$176 (inc. GST) by:

- Bank card
 Mastercard
 Visa

Please debit my account. My account details are as follows:

Card no: _____/_____/_____/_____ Expiry date: ____/____

Name on card:

Signed	Date
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PLEASE RETURN THIS FORM BY POST: CFEP, PO Box 588, Everton Park, QLD 4053 or FAX: (07) 3355 7047