



360° Feedback Application

I would like to participate in the 360° Feedback Questionnaire Clinical Audit option.

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

<input type="checkbox"/> I enclose a cheque for \$176 (inc.GST), made payable to 'Client-Focused Evaluation Program' or 'CFEP' or I would like to pay \$176 (inc. GST) by:	
<input type="checkbox"/> Bank card	
<input type="checkbox"/> Mastercard	
<input type="checkbox"/> Visa	
Please debit my account. My account details are as follows:	
Card no: _____ / _____ / _____ / _____	Expiry date: ____ / ____
Name on card: _____	
Signed: _____	Date: _____

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