

# MSF APPLICATION

## for 360° FEEDBACK



NAME: (Dr/Mr/Mrs/Ms/Miss)		Male Female
ORGANISATION NAME:		
PREMISES ADDRESS:		Postcode:
POSTAL ADDRESS:		Postcode:
CONTACT TELEPHONE No.:		Email Address:
QA & CE No:	<i>QI&amp;CPD Points cannot be awarded if reference number is not provided</i>	

SCHEDULE OF FEES		
<i>Please tick appropriate box</i>		
<input type="checkbox"/>	<i>Complete MSF (includes DISQ &amp; CFET) - 80 QI&amp;CPD points</i>	<i>\$451.00</i>
<input type="checkbox"/>	<i>Patient Feedback (DISQ) component only - 40 QI&amp;CPD points</i>	<i>\$225.50</i>
<input type="checkbox"/>	<i>Colleague Feedback (CFET) component only - 40 QI&amp;CPD points</i>	<i>\$225.50</i>

**Payment of \$ (inc. GST) has been made by the following method:**

**Bank Transfer:** Focused Evaluations Program Pty Ltd; BSB - 064110; Acc.No.: 10276795  
For reference please provide YOUR NAME as written above.

**Cheque:** made payable to 'Client-Focused Evaluations Program' or CFEP'

**Credit Card:** (please note a Bank Service Fee of 1.5% will be added to all Credit Card transactions)

Card no: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Name on card: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this form:

**Post:** CFEP, PO Box 588, Everton Park, QLD 4053  
**Fax:** (07) 3355 7047  
**Email:** info@cfepsurveys.com.au

