

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&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 & CFET) - 80 QI&CPD points</i>	\$451.00
<input type="checkbox"/>	<i>Patient Feedback (DISQ) component only - 40 QI&CPD points</i>	\$225.50
<input type="checkbox"/>	<i>Colleague Feedback (CFET) component only - 40 QI&CPD points</i>	\$225.50

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