



MSF APPLICATION for MBA ASSESSMENT



NAME: (Dr)				Registration No.
POSTAL ADDRESS:			STATE	POSTCODE
CONTACT TEL. No.:			EMAIL ADDRESS:	
TYPE OF ENVIRONMENT - please select				
GP	Rural Hospital	RFDS	AMS	EM Dept. Other -please specify

SCHEDULE OF FEES	
<i>Please tick appropriate box</i>	
<input type="checkbox"/>	COMPLETE MSF (includes DISQ & CFET) \$451.00
<input type="checkbox"/>	DISQ COMPONENT ONLY \$225.50
<input type="checkbox"/>	CFET COMPONENT ONLY \$225.50

MSF must be completed within four (4) months of enrolment

ASSESSMENT COMPONENTS UNDERTAKEN WITHIN PREVIOUS 18 MONTHS		
	DATE Report received	REGIONAL TRAINING PROVIDER
DISQ		
CFET		

N.B. CFEP may be able to confirm date of report received if unknown.

I give permission for the reports of any assessment components I have previously undertaken during training to be sent to AHPRA to contribute to the assessment requirements.

I give permission for AHPRA to provide my RTP with my MSF report (if applicable). This ensures your training provider is informed of your ongoing progress throughout your training.

SIGNATURE _____ DATE _____

Payment has been made for the amount of \$ _____ 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)

Mastercard Visa

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