Registration form to become a scanning model at AIHE

AIHE
Australian Institute of Healthcare Education

Please complete this form electronically and return it to AIHE email: info@aihe.edu.au.
If you have any questions please email or phone us on 1300 656 036

Application date

Personal details

Title

Date of birth

Family name (surname)

Given name

Email address

Telephone

Mobile

Address

Building/property name

Unit number

Street number

Street name

PO Box details

Suburb, locality, town

State,territory

Postcode

Your Doctors name and
contact details

Are you currently
pregnant?

If you are pregnant what
is your due date?

Do you have any medical conditions we should know about?

Is there anything else you wish to ask or tell us?

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.