



Application Form Week 3: 19-24 January 2019

Intermed Summer School in International Health and Development

If you are applying for the Graduate Certificate or Diploma in International Health and Development OR for the summer school for audit, please apply via the [Tabor website](https://tabor.edu.au/) <https://tabor.edu.au/>

Please note that Intermed requires a **minimum of 8 confirmed participants** by the 16th November 2018 in order to run this optional 3rd week.

To apply for Week 3 of the Summer Intensive please complete this form and send by email to intermedsa@adam.com.au or post to INTERMED, PO Box 36, Crafers, South Australia 5152

I have already applied for (please tick):

- Graduate Certificate or Diploma (online and 2 week intensive) for 2017-18
- Summer intensive for audit only (online and 2 week intensive) for 2017-18

Title:..... Surname:..... Given names:

Postal address: Postcode:

Telephone: Mobile.....Work After hours

Email:

Course fees for Week 3 2019

Direct credit (internet or through your bank) preferred. Cheque & money order also accepted. Bank details: Bank SA; Branch - Lower Mitcham; Account Name - Intermed SA; BSB - 105 084; Account Number – 042075140 <Please ensure your surname & initials are in the Reference Field>

Deposit (non-refundable unless Week 3 not offered).....	\$25	\$.....
3 rd week fee	\$600	\$
Date:/...../.....	Total	\$.....

Important Note: Application and payment of fees for the Optional 3rd week are managed by Intermed. The fee for the optional 3rd week is **\$625**, including a \$25 deposit which is not refunded unless Week 3 is not offered due to the minimum number of participants not being met.

Intermed may also be able to offer Scholarships for those doing the course for audit who are on no or low incomes, provided funds are available and eligibility requirement met. Please complete the separate Intermed Application for Scholarship: www.intermed.org.au

Course Coordinator: Dr Douglas Shaw Ph: +61 0408 679347 (Mobile)
Email: intermedsa@adam.com.au Web: www.intermed.org.au
INTERMED SA INC ABN 42 550 935 732

OFFICE USE ONLY: Date Application received: ___/___/_____ Date payment(s) received: ___/___/_____

Method of payment:..... Amount received:\$..... Date Application approved: ___/___/_____