POST FELLOWSHIP EDUCATION AND TRAINING PROGRAM IN NEUROSURGERY

PAYMENT FORM

TAX INVOICE ABN: 50 283 605 657

Background

An application fee is payable at the time of application for the Post Fellowship Education and Training (PFET) Program in Neurosurgery.

This fee is **non-refundable** under any circumstances, including if you are later assessed as being ineligible to apply. If for any reason the credit card provided below for processing your fee is declined and alternate payment is not received your application will be withdrawn from the process.

Instructions

Please complete this **Payment Form** and save a copy as a Word or pdf file to your personal computer. This form collects your credit card details to process the payment of the application processing fee. When you complete the online application form you will be required to upload this complete Payment Form which will form part of your PFET Program in Neurosurgery application.

Authorisation

Amount:

<i>y</i> 1 3		3	surgical Society of Australasia to charge t will be issued once your payment has
Please select the follo	wing application cat	egory:	
☐ I have completed a FRACS in Neurosurgery or Orthopaedics or equivalent – Fee \$AUD660 including GST			
☐ I have completed – Fee \$AUD1320 i		cal Council or Medical Council of N	ew Zealand specialist assessment process
Please select paymen	t option:		
☐ MasterCard	☐ Visa	☐ American Express	☐ Diners Club
Card Number:			
Card Expiry Date:			
Cardholder's Name	:		