



Melbourne Sexual Health Centre &  
The University of Melbourne  
**Short course enrolment form**



**Student details**

Name:

Mailing address:

Email:

Phone number:

Workplace:

Are you a Division 1 Nurse registered in Australia  Yes  No

**Course selection:** Please select which course you want to enrol in:

- Clinical sexual and reproductive Health: POPH 90070**
- Adolescent Sexuality and Sexual Health: POPH 900169**
- Prevention and Control of STIs and HIV: POPH 90068**
- Sexual and Reproductive Health: POPH 90069**

**Cost** (all courses): \$1500 +GST

Who will be paying for the course? An invoice will be sent upon receipt of this completed form.

Me  Other – please complete details below

Name of organisation sponsoring study:

ABN:

Contact name for payments:

Email address for payments:

Postal address:

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Please return this completed form to:

Dr H. Williams  
Melbourne Sexual Health Centre  
580 Swanston Street  
CARLTON VIC 3053  
Fax: (03) 93416269  
Email: [hwilliams@mshc.org.au](mailto:hwilliams@mshc.org.au)