

**Christchurch Primary Revision Course 2021**  
**Application Form**  
**Sunday February 14<sup>th</sup> to Friday Feb 19<sup>th</sup> 2021**

Surname

First Names

Home Address

Mobile Phone

Email address

Hospital

When are you sitting the Part 1 exam?

Have you sat the exam before?

Have you attended another Course before?

---

Office use only:

Payment received:

Receipt No:

Payment amount:

Date confirmed /refused:

*To register your interest, please fill out this form and email it back to [Nekesa.Stevenson@cdhb.health.nz](mailto:Nekesa.Stevenson@cdhb.health.nz)*

Thanks.