

# Pharmacotherapy Training Program

for Opioid Dependence



**SOUTHCITY** clinic

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a service of  
Southcity GP Services  
ABN 80 062 573 488

## ENROLMENT FORM

Methadone/Buprenorphine Prescribers Accreditation Workshop

Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

Practice Postcode:

Practice Phone: \_\_\_\_\_

Practice Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

QA&CPD Number:

**Workshop details** - Please **tick** appropriate box:

**Sunday 6 February 2005 – LaTrobe Regional Hospital, West Traralgon**

**OR**

Unable to attend, interested in undertaking training at a later date.

Places are limited.

To ensure your place please fax back to Dahni Houseman on **9525 7369**  
by Friday 21 January 2005.



**THE JOINT UNIVERSITIES CENTRE**  
FOR EDUCATION AND TRAINING IN GENERAL PRACTICE

A joint venture of Monash University and  
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