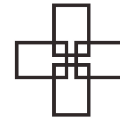
TAX INVOICE
ABN 51 004 313 142

This application form will become a
Tax Invoice on payment of the correct fee.



IHEA
INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
SUPPORTING HEALTH FACILITIES MANAGEMENT

Certified HealthCare Facility Manager Application Form

IHEA member stage one of initial certification	$110.00 inc GST	☐
IHEA member stage two of initial certification	$180.00 inc GST	☐
IHEA member recertification (every three years)	$220.00 inc GST	☐
Non member stage one of initial certification	$220.00 inc GST	☐
Non member stage two of initial certification	$360.00 inc GST	☐
Non member recertification (every three years)	$440.00 inc GST	☐

REGISTRATION DETAILS

Name:____

Organisation:____

Position: ____

Phone:_____________________Email:_______________________________

Mobile Phone: ____

Qualifications: ____

Years of healthcare experience: ____________

Have you developed a CPD plan? ________ (If yes please attach, if no, do you need assistance?): _______

PAYMENT OPTIONS

☐ I wish to pay by cheque (made payable to IHEA)

☐ I wish to pay by credit card (Bankcard, Mastercard or VISA only)

Amount payable ________________________________

Card Holder Name ______________________________

Card Number ________ ________ ________ _________

Expiry Date _____________________________

Signature _____________________________

Please retain a copy of this invoice for tax purposes as no receipt will be issued.

Please send your completed application form to info@ihea.org.au or to contact us to arrange payment.

Phone queries to1300 929 508