



Rural and Remote Clinical Support Unit Resource Order Form

Please return your order to:
Rural and Remote Clinical Support Unit
PO Box 7193, Cairns QLD 4870

Email: RRCSUCairns@health.qld.gov.au | Telephone: (07) 4226 3000 | Fax: (07) 4226 3040

RESOURCES	Unit	Price GST incl.	Quantity	Postage (per item)	Total Price
Primary Clinical Care Manual 9th edition 2016					
A5 Manual (printed)	Each	\$66.00		\$10.00	
USB (PDF version of complete manual)	Each	\$22.00		\$5.00	
Student Package* (A5 manual & USB) 1 per student	Each	\$36.00		\$10.00	
Chronic Conditions Manual 1st edition 2015					
A5 Manual (printed)	Each	\$55.00		\$10.00	
USB (PDF version of complete manual)	Each	\$18.00		\$5.00	
Student Package* (A5 manual & USB) 1 per student	Each	\$36.00		\$10.00	
Both manuals on USB					
CCM and PCCM on 1 USB	Each	\$35.00		\$5.00	

*Student package: Available to students with full-time or part-time enrolment and **do not** work more than 20 hours per week

DATE OF ORDER: / /

TOTAL PRICE: \$

DELIVERY INSTRUCTIONS

Australia Post - (If in stock, goods will be posted within 14 days of receipt of this form (pending receipt of payment))

Will collect

DETAILS (please ensure all sections are completed)

First name		Workplace	
Surname		Position	
Are you a Student and work less than 20hrs p/w?	Yes	No	
Delivery Address			
Suburb / Town		Institution	
Postcode		Course	
Telephone		Student No.	
Email			

Tax Invoice required? Yes No

Invoice address (if different from above)

PAYMENT (failure to complete all details will result in delay of goods) - Payment method (select **one** only)

Direct Debit (please do not transfer / pay until invoice has been received)

Cheque / Money Order (Please make payable to: Torres & Cape Hospital and Health Service)

Credit Card Visa Mastercard **Business** **Private purchase** *QH facilities will be GST exempt

Card Number: Expiry Date: /

Cardholder's name (please print): Signature:

BELOW IS ONLY APPLICABLE TO: TORRES AND CAPE HOSPITAL AND HEALTH SERVICE

Journal Voucher **Cost Centre:** **Internal Order (if applicable):**

Cost Centre Manager's Name (please print): **Cost Centre Manager's Signature:**

Note: Financial delegation: orders can not be processed without appropriate authorisation



Supporting safe clinical practice in rural and remote health