

# WHTA MEMBER – CASH BACK APPLICATION



## APA WOMEN'S PELVIC HEALTH - LEVEL 2 ONLINE

### IMPORTANT NOTES

1. This form only applies to the APA Women's Pelvic Health Level 2 Online Course co-branded between the APA and Women's Health Training Associates Pty Ltd (there is no rebate for the Level 2 Face-to-Face Course)
2. This **program is currently approved for enrollees up until the 30<sup>th</sup> December 2023.**
3. Applications **must be received by WHTA no more than 6 months after the date of payment to APA.**
4. Rebates will only be approved where the **physiotherapist enrolled in the online APA course is a WHTA member.**
5. **Cash rebates can only be transferred to Australian bank accounts. Overseas WHTA members who do not have an Australian Bank account can elect to have their rebate stored as credit toward future WHTA courses.**

### PARTICIPANT DETAILS

1. Name of Physiotherapist enrolled in the APA WPH L2 Online: \_\_\_\_\_

Eligibility for Cash Back Rebate - WHTA Member?    YES(10%discount)                      NO(not eligible)

WHTA Courses Completed PRIOR to enrolment in APA WPH L2 (extra 10% discount per course - maximum 50%)

Introductory Women's Health 5 Day Course

Advanced Pelvic Floor - POP / SUI

Advanced Pelvic Floor - Overactive Bladder

Advanced Pelvic Floor - Bowel

### CLAIMANT'S DETAILS

2. Is the physiotherapist listed in Question 1 the same person applying for the cash back rebate\*?

\*note: the claimant must be the person/organisation who paid for the course

**NO**            name of person / organisation applying \_\_\_\_\_

**YES**

APA Receipt/ Inv Number: \_\_\_\_\_                      APA Receipt Date: \_\_\_\_\_

Course Fee Paid:        \$ \_\_\_\_\_

3. Please provide either Australian Bank Details to which the Cash Back rebate will be transferred if approved, or elect to have cashback rebate stored as a course credit for future WHTA Courses.

Bank Name: \_\_\_\_\_                      Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_                      Account Number: \_\_\_\_\_

or            I elect to have my rebate stored as a credit toward future WHTA courses

ENROLLED PHYSIO NAME: \_\_\_\_\_                      SIGNATURE: \_\_\_\_\_                      DATE: \_\_\_\_\_

**EMAIL THIS APPLICATION TO [admin@whta.com.au](mailto:admin@whta.com.au) and ATTACH YOUR APA RECEIPT / INVOICE**