



Midwife Marde Swan

Practice number: 305446

ABN: 89265313991

Baby Boot-Camp Course

COURSE DATE: _____

Client Details:

Name and Surname: _____ Mobile number: _____

E-mail address: _____ Partner Name: _____

Due date: _____ **OR** Age of baby: _____

Private Health Insurance Y N (You may be eligible to claim from your Pvt. Health Insurer)

Course Details:

Date to attend: _____ Fee \$210.00 Payment method (please select)

Bank transfer Pay-ID Cash AfterPay

Banking details: Westpac, BSB: 034664, Acc: 515037. Mobile Number 0498 543 243

Declaration:

Herby I _____ agree to pay the full fee at minimum 48 hours prior to the date of the course.

Should full payment remain outstanding, The Practice (Midwife Marde Swan) reserves the right to retain the 50% Deposit paid to cover loss of income, and refuse access to the Course.

All materials and information obtained during the said course, remains the intellectual property of The Practice, thus **NOT to be shared or redistributed to a third party.**

Date: _____ Signed: _____

Official Use only

Client number: _____ Receipt Number: _____

50% Deposit paid Booking Confirmed Final Payment received

Receipt sent: Pvt. Health Inv.

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Honors Degree: Nursing & Midwifery (UJ 1995); La Leche League (ILLL 2015); Endorsed/Prescribing Midwife (Griffith

2018); Sonography (AUI 2019); Emmett Therapist (Emmett 2020)