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# TAX INVOICE

ABN 35 041 713 303

*Professional Competence with a Caring Attitude*

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## Order Form: Community Care Performance Appraisal

[ ] (Cleaner, Service Co-ordinator, Enrolled Nurse/Team Leader, Support Workers,  
Co-ordinator/Registered Nurse, Clerical Staff, Manager/Supervisor )  
\$137.50 (Including GST, packing, handling and shipping)

(Please Print)

Contact Name \_\_\_\_\_

Organisation/Facility: \_\_\_\_\_

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

\_\_\_\_\_ Post code \_\_\_\_\_

Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ E-mail: \_\_\_\_\_

Your Kit will have embedded on the cover page and at the start of each section details that you wish included. Depending on your situation this information might include:

Organisation Name: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_ PostCode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax. \_\_\_\_\_ Email \_\_\_\_\_

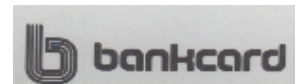
INVESTMENT : \_\_\_\_\_ # x \_\_\_\_\_ = Total \$ \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

*Credit Card details*

Name on Card \_\_\_\_\_ Card type \_\_\_\_\_

Card number

Expiry date



Signature \_\_\_\_\_

*Please make cheques payable to:*  
N & C Baron & Associates  
PO Box 687  
Mitcham SA 5062

For electronic transfers please submit to: N & C Baron & Associates  
BSB 035 044 ACCT # 12 6131

**Please retain this form for your records as it is a Tax Invoice.  
Fax or mail a copy when ordering.**

Disclaimer: All details are correct at time of presentation. N & C Baron & Associates reserves the right to make alterations or cancellations as deemed necessary in the event of unforeseen circumstances. Refunds or exchanges require written details and return of all materials in original condition. If you have any questions or concerns please contact Neil at the address, numbers above.