**CENTRAL ADELAIDE LOCAL HEALTH NETWORK – NURSING EDUCATION**

 **APPLICATION FORM**

**Please complete all sections and submit form prior to the closing date. Incomplete forms will be returned.**

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| **Course Information:** |
| Course name: |  |
| Date: |  |
| Delivery Site: |  |

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| **Candidate Information: PLEASE PRINT DETAILS CLEARLY** |
| Participant Name:(To appear on your certificate) | Surname | Given name |
| Payroll Number: |  |
| Organisation:  | *eg RAH* |
| Ward / Area: | *eg 5F Wing 1* |
| Directorate: | *eg Medical, Surgical* |
| Position: | *eg RN, ANUM, Pharmacist, Admin Officer* |
| Classification: | *eg RN1, OPS3, AS02* |
| Email: (Please print clearly) |  |
| Postal Address:(For course material) |  |
|  | Post code: |
| Mobile Phone:(mobile preferred for SMS contact) |  | Work Phone: |

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| **Manager/Directorate Authorisation for attending training:** |
| Name: |
| Position: |
| Email: |
| I support the application for attendance (PD leave approved):  | ❒ Yes ❒ No❒ Shift Time ❒ Own Time |
| Signature:  | Date: |

All applicants and line managers will be notified of acceptance to the program by CALHN Nursing Education

*** Please return form to:***

CALHN Nursing Education The Queen Elizabeth Hospital - Phone: 8222 6746

Email: NursingEducation.Applications@sa.gov.au Royal Adelaide Hospital - WF 5D390 - Phone: 7074 3500

**Office Use Only**

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| ❒ Application Received Date:   | ❒ Applicant notified by email❒ Manager notified by email ❒ Enrolled on Spreadsheet | ❒ Pre-reading sent |