**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: |

|  |  |  |
| --- | --- | --- |
| **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](mailto: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 |