

CENTRAL ADELAIDE LOCAL HEALTH NETWORK – NURSING EDUCATION APPLICATION FORM FOR EXTERNAL PARTICIPANTS

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

Course Information:		
Course name	Date	Delivery Site
Advanced ECG Analysis Please note: this is a 1 day course 08:00 – 16:30	24th May 2019	Queen Elizabeth Hospital

Candidate Information: PLEASE PRINT DETAILS CLEARLY		
Participant Name: (To appear on your certificate)		
Organisation:	<i>eg RAH</i>	Payroll No:
Directorate:	<i>eg Medical, Surgical</i>	Position: <i>eg RN, ANUM, Pharmacist</i>
Work Area / Ward / Grade:	<i>eg 5F Wing 1</i>	Classification: <i>eg RN1, OPS3, AS02</i>
Email: (Please print clearly)		
Postal Address: (For course material)		
		Post code:
Mobile Phone: (mobile preferred for SMS contact)		Work Phone:

Payment Details:		
Please advise details of person/organisation to be invoiced for payment of this course. You will be invoiced on receipt of application.		
<input type="checkbox"/> Full Fee Paying \$110		
Given Name:	Surname:	
Organisation:		
Email:	Phone:	
Postal Address: (For course material)		
		Postcode:
Signature of person responsible for payment:		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

Email: NursingEducation.Applications@sa.gov.au

Office Use Only

<input type="checkbox"/> Application Received Date:	<input type="checkbox"/> Application selected <input type="checkbox"/> Application not selected	<input type="checkbox"/> Applicant notified by email <input type="checkbox"/> Manager notified by email <input type="checkbox"/> Enrolled on Vettrak
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