CENTRAL ADELAIDE LOCAL HEALTH NETWORK – NURSING EDUCATION APPLICATION FORM FOR CALHN & SA HEALTH EMPLOYEES

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:	*eg RAH*	Payroll No:	
Directorate:	*eg Medical, Surgical*	Position: *eg RN, ANUM, Pharmacist*	
Work Area / Ward / Grade:	*eg 5F Wing 1*	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:	

Payment Details: (person or department responsible for payment)	
Please advise details of person/organisation to be invoiced for payment of this course. You will be invoiced on receipt of this application.	
❑ SA Health Employee $55.00	
Name of person responsible for payment:	
Organisation:	Department:
Address:	Suburb:
Postcode:	Email:	Phone:
Cost Centre: _ _ / _ _ _ / _ _ _ / _ _ _ _	Full 12 digit cost centre must be provided if the department is paying the fee. If no cost centre is provided, an invoice will be sent to the participant.
Signature of person responsible for payment:	Date:

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
Email: NursingEducation.Applications@sa.gov.au

Office Use Only

❑ Application Received Date:	❑ Application selected ❑ Application not selected	❑ Applicant notified by email ❑ Manager notified by email ❑ Enrolled on Vettrak