

# CALHN Nursing Education

## External Application Form

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

| Course Information |   |
|--------------------|---|
| Course Name:       | <b>Introduction to Haematology</b>  |
| Date:              | Please tick days you are attending.<br>Day 1 - 14 November 2023 <input type="checkbox"/><br>Day 2 - 15 November 2023 <input type="checkbox"/> |
| Delivery Site:     | Royal Adelaide Hospital   |

| Candidate Information (Please print details clearly) |         |            |
|--|---------|------------|
| Participant Name:                                    | Surname | Given name |
| Organisation:  |         |            |
| Position:  |         |            |
| Email:   |         |            |
| Mobile Phone:  |         |            |
| <small>(mobile preferred for SMS contact)</small>    |         |            |

| Payment Details: (person or department responsible for payment)  |           |       |
|--|-----------|-------|
| <b>External Fee <input type="checkbox"/> \$75.00 (1 day) <input type="checkbox"/> \$150.00 (2 days) please tick applicable</b> |           |       |
| Given Name:  | Surname:  |       |
| Organisation:  |           |       |
| Email:   | Phone:    |       |
| Postal Address:<br>(for Tax Invoice)   | Postcode: |       |
| Signature of person responsible for payment:   |           | Date: |

| Manager/Program Authorisation for attending training |       |
|--|-------|
| Name:  |       |
| Position:  |       |
| Email:   |       |
| Signature:   | Date: |

All applicants and line managers will be notified of acceptance to the program via email.

### Please return completed form to:

CALHN Nursing Education

Email: [NursingEducation.Applications@sa.gov.au](mailto:NursingEducation.Applications@sa.gov.au)

Royal Adelaide Hospital - 5D390: 7074 3500

### Office Use Only

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Application Received<br>Date: | <input type="checkbox"/> Enrolled on Spreadsheet     | <input type="checkbox"/> Manager notified by email |
|  | <input type="checkbox"/> Applicant notified by email | <input type="checkbox"/> Invoice requested         |



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Version 7 June 2024



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