

# 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. Day 1 - 14 November 2024 <input type="checkbox"/> Day 2 - 15 November 2024 <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: (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 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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Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network



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