

Application Form

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

Course Information	
Course Name:	Introduction to Haematology
Date:	<i>Please tick days you are attending</i> Day 1 - 02 November 2023 <input type="checkbox"/> Day 2 - 03 November 2023 <input type="checkbox"/>
Delivery Site:	Royal Adelaide Hospital

Candidate Information (Please print details clearly)		
Participant Name: <small>(To appear on your certificate)</small>	Surname	Given name
Payroll Number:		
Site:	<i>eg RAH</i>	
Ward / Area:	<i>eg 5F Wing 1</i>	
Program:	<i>eg Medical, Surgical</i>	
Position:	<i>eg RN, ANUM, Pharmacist, Admin Officer</i>	
Classification:	<i>eg RN1, OPS3, AS02</i>	
Email: <small>(work email preferred please print clearly)</small>	@sa.gov.au	
Mobile Phone: <small>(mobile preferred for SMS contact)</small>		Work Phone:

Manager/Program Authorisation for attending training	
Name:	
Position:	
Email: @sa.gov.au	
I support the application for attendance: <small>(PD leave approved)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shift Time <input type="checkbox"/> Own Time
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

The Queen Elizabeth Hospital: 8222 6746
Royal Adelaide Hospital - 5D390: 7074 3500

Office Use Only

<input type="checkbox"/> Application Received Date:	<input type="checkbox"/> Enrolled on Spreadsheet <input type="checkbox"/> Applicant notified by email <input type="checkbox"/> Manager notified by email	<input type="checkbox"/> Pre-reading sent
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