

SA Health 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 the days you are attending</i> Day 1 - 14 November 2023 <input type="checkbox"/> Day 2 - 15 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: | | |
| Your Work Site: | <i>eg RAH</i> | |
| Your Ward / Area: | <i>eg 5F Wing 1</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> | | |

| 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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of South Australia

Health
Central Adelaide
Local Health Network



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