

Mental Health Nurse Education Services

To enrol in a course this form must be completed and submitted to Mental Health Nurse Education Services prior to the course date. Enter details on this electronic form before saving and submitting.

Course information

Course _____ **title:** _____
Course date: _____
Course time: _____

Personal information

Given name:	Date of Birth:
Surname:	Payroll No:
Address:	HAD ID:
Suburb:	Postcode:
E-mail:	Mobile:

Professional information

Other:

Place of employment:

Department / Ward / Team:

Postal address:

Telephone:

Email:

Approval from manager to attend course

In submitting this form I confirm I have approval from my Manager to attend this education session:

Manager's name:

Manager's e-mail:

For more information

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Government
of South Australia

Health
Central Adelaide
Local Health Network