

CALHN & SA HEALTH EMPLOYEES APPLICATION FORM

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

Course Information:		
Course name	Date	Delivery Site
Advanced Life Support Level 1 - ALS1 CALHN		
Please note: this is a 1 day course 08:00 – 16:30		

Candidate Information: PLEASE PRINT DETAILS CLEARLY			
Participant Name: (To appear on your certificate)	Payroll No:	AHPRA No:	
Organisation:			
Position:	Program:		
Classification:	Work Area / Ward/Grade:		
Email: (Please print clearly)			
Postal Address: (For course material)	Post code:		
Contact Phone:	Work No:		
Please identify any requirements to accommodate your learning experience:			

Payment Details: (person or department responsible for payment)		
<p>Please advise details of person/organisation to be invoiced for payment of this course. You will be invoiced on receipt of this application. A cancellation policy applies. Please refer to the Information Sheet for further information.</p>		
<input type="checkbox"/> CALHN Employee \$77.00 <input type="checkbox"/> SA Health Employee \$150.00 (Please tick one only)		
Name of person responsible for payment:		
Organisation:	Department:	
Address:	Suburb:	
Postcode:	Email:	Phone:
Cost Centre: __/___/___/_____	Full 12 digit cost centre must be provided if the department is paying the fee. If no cost centre is provided, an invoice will be sent to the participant.	
Signature of person responsible for payment:		Date:

Manager/Directorate Authorisation for attending training:	
Name:	Position:
Email:	
I support the application for attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance for this applicant is mandatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Date:

All applicants and line managers will be notified of acceptance to the program by CALHN Nursing Education.

Please return form to:

CALHN Nursing Education, WF5D390, Level 5, Royal Adelaide Hospital Phone: 70743500

Email: NursingEducation.Applications@sa.gov.au

<input type="checkbox"/> Application Received Date:	<input type="checkbox"/> Applicant notified by email <input type="checkbox"/> Manager notified by email
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