CALHN Nursing Education

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:	
Organisation:		AHPRA No:	
Program:		Position:	
Work Area / Ward / Grade:		Classification:	
Email: (Please print clearly)			
Postal Address: (For course material)			
		Post code:	
Mobile Phone: (mobile preferred for SMS contact)		Work Phone:	

Payment Details: (person or department responsible for payment)		
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.		
❐ CALHN Employee $100.00 ❐ SA Health Employee $200.00 (Please tick one only) A light lunch will be provided.		
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/Program Authorisation for attending training:	
Name:	Position:
Email:	
I support the application for attendance	❐ Yes ❐ No
Attendance for this applicant is mandatory	❐ Yes ❐ 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

Health
Central Adelaide
Local Health Network