

CENTRAL ADELAIDE LOCAL HEALTH NETWORK – NURSING EDUCATION APPLICATION FORM FOR EXTERNAL PARTICIPANTS

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

| Payment Details: | | |
|--|----------|-----------|
| Please advise details of person/organisation to be invoiced for payment of this course. You will be invoiced on receipt of application. A cancellation policy applies. Please refer to the Information Sheet for further information. | | |
| <input type="checkbox"/> Full Fee Paying \$450 A light lunch will be provided. | | |
| Given Name: | Surname: | |
| Organisation: | | |
| Email: | Phone: | |
| Postal Address: (For course material) | | Postcode: |
| Signature of person responsible for payment: | | 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
Royal Adelaide Hospital, WF 5D390,
Email: NursingEducation.Applications@sa.gov.au
Phone: 7074 3500