

CALHN Application Form

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

Course Information	
Course Name:	Fundamentals of Cancer Nursing Workshop, Day Two, "Oncological Emergencies"
Date:	Monday 21 July 2025
Delivery Site:	Royal Adelaide Hospital

Candidate Information (Please print details clearly)		
Participant Name: <small>(To appear on your certificate)</small>	First Name	Last 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
--	--	---



www.ausgoal.gov.au/creative-commons

© Central Adelaide Local Health Network. All rights reserved

Version 6 | July 2020



Government
of South Australia