CALHN Nursing Education

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 05 May 2025
Delivery Site:	Royal Adelaide Hospital

Candidate Information (Please print details clearly)

	First Name	Last name
Participant Name: (To appear on your certificate)		
Payroll Number:		
Your Work Site:	*eg RAH*	
Your Ward / Area:	*eg 5F Wing 1*	
Position:	*eg RN, ANUM, Pharmacist, Admin Officer*	
Classification:	*eg RN1, OPS3, AS02*	
Email: (work email preferred please print clearly)		@sa.gov.au
Mobile Phone: (mobile preferred for SMS contact)		

Manager/Program Authorisation for attending training

Name:	
Position:	
Email:	@sa.gov.au
I support the application for attendance: (PD leave approved)	❏ Yes ❏ No ❏ Shift Time ❏ 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

❏ Application Received Date:	❏ Enrolled on Spreadsheet ❏ Applicant notified by email ❏ Manager notified by email	❏ Pre-reading sent

Version 6 | July 2020

Government of South Australia

Health
Central Adelaide Local Health Network