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CALHN Central Nursing Education

SA Health 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

Participant information (Please print details clearly):		
Participant name:	FIRST NAME	LAST NAME
Organisation:		
Clinical area of practice:		
Position:		
Email:		
Mobile phone: <small>(for SMS contact)</small>		

Terms and conditions:
<ul style="list-style-type: none">• Invoices must be paid in full within fourteen (14) calendar days of the date of the invoice.• Cancellations within 24 hours of training or 'no shows' on the day will attract the payment of the full course fee.• CALHN owns all Intellectual Property Rights in all things provided in connection with provision of this service.• In relation to education provided by CALHN, CALHN grants a limited, royalty-free, non-exclusive license, to use materials within its own business for its own internal business purposes. The License granted is without the right to sublicense or further transfer to any third-party.• The participant or organisation must not publish, distribute, or otherwise transfer or make available materials to any third-party.• The participant or organisation must not remove, delete, or modify, in the materials the copyright, trademark, or other notices pertaining to the materials as provided by LHN.• The participant and organisation acknowledges and agrees that all information, materials, policies, procedures, materials, advice, education and training provided in or in connection with the Services delivered was developed solely for the purposes of satisfying CALHN's own internal business and clinical requirements. The content is evidence based and reflects current SA Health policies and procedures. The participant and organisation acknowledges and agrees that the content was developed without any regard to the participants or organisations individual circumstances or requirements and that the content has not been modified by CALHN to take into consideration any of these individual circumstances or requirements.• The participant and organisation acknowledges and agree that they are solely responsible for determining whether or not what was provided is suitable for use by them, noting that they must take into consideration, amongst other things, their own context, circumstances, individual and organisational scope of practice and workplace requirements.• The service and content are provided on an "as is" basis. The participant and/or organisation acknowledges and agrees that no warranty, express or implied is made regarding the accuracy, adequacy, completeness, quality, reliability, suitability or usefulness of the whole or any part of the content or services for any purpose, or that the service or content are free from error. CALHN does not warrant that the Services or Content are fit for any particular purpose.• The participant and/or organisation must satisfy itself about all aspects of the content and service provided. Any use or reliance of what was delivered, in whole or in part, is at their own risk in all things.• To the extent permitted by law, CALHN accepts no liability howsoever arising for any damages, costs, losses or expenses resulting from the use of any content or reliance placed on any content by the participant and/or organisation. The participant and/or organisation releases CALHN, and they themselves assume all liability, for all damages, costs, losses and expenses that may arise in connection with their use or reliance of the content and service provided.



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Authorisation to attend training and acceptance of terms and conditions		
Name:	FIRST NAME	LAST NAME
Position:		
Email:		
This application to attend training is approved:		
Signature:	Date:	

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

<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"/> Invoice requested	<input type="checkbox"/> Pre-reading sent
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