

Mental Health Nurse Education Services

To enrol in a course offered at the Learning Centre, this form must be completed and submitted to the Learning Centre prior to the course date. Enter details on this electronic form before saving and submitting.

Course information

Course title:

Course date:

Course time:

Personal information

Given name:

Date of Birth:

Surname:

Payroll No:

Address:

HAD ID:

Suburb:

Postcode:

E-mail:

Mobile:

Professional information

Other:

Place of employment:

Department / Ward / Team:

Postal address:

Telephone:

Email:

Approval from manager to attend course

In submitting this form I confirm I have approval from my Manager to attend this education session:

Manager's name:

Manager's e-mail:

For more information

Annette Farrell

Administration Assistant

Learning Centre

Tel: (08) 7087 1800 (Monday – Thursday)

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Email: Health.MentalHealthNurseEducationServices@sa.gov.au



Government
of South Australia

Health
Central Adelaide
Local Health Network