Mental Health Clinical Program

The Learning Centre

Education Program for 2021

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

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