

# CALHN Central Nursing Education

## External Application Form

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

Course information	
Course name:	
Date:	
Delivery site:	

Participant information (Please print details clearly):		
Participant name:	SURNAME	GIVEN NAME
Organisation:		
Clinical area of practice:		
Position:		
Email:		
Postal address:		
		Post code:
Mobile phone: (for SMS contact)		

### Terms and Conditions:

- 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.
- Central Adelaide Local Health Network Inc (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 CALHN.
- 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 agrees 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.
- If any of the services are performed on the premises of CALHN, the participant and organisation must comply with all policies and procedures of CALHN as notified by CALHN and must comply with all instructions of CALHN whilst on CALHN's premises.
- The participant and organisation must not perform any clinical procedure or treatment on any patient whilst on CALHN's premises.



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

Authorisation to attend training and acceptance of Terms and Conditions		
Name:	SURNAME	GIVEN NAME
Position:		
Email:		
This application to attend training is approved:		
Signature:	Date:	

Payment details (person/department responsible for payment)		
<b>Fee: \$175.00</b>		
Name:	SURNAME	GIVEN NAME
Organisation:		
Email:		Phone:
Postal address: (for tax invoice)		
		Post code:
Signature:	Date:	

**Please return completed form to:**

CALHN Nursing Education  
 Email: [NursingEducation.Applications@sa.gov.au](mailto:NursingEducation.Applications@sa.gov.au)

The Queen Elizabeth Hospital – 5A, 8222 6746  
 Royal Adelaide Hospital - 5D390, 7074 3500

<input type="checkbox"/> Application Received	<input type="checkbox"/> Enrolled on Spreadsheet	<input type="checkbox"/> Manager notified by email	<input type="checkbox"/> Pre-reading sent
Date:	<input type="checkbox"/> Applicant notified by email	<input type="checkbox"/> Invoice requested	



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)

© Central Adelaide Local Health Network. All rights reserved

Version 7 | July 2023



Government of South Australia

**Health**

Central Adelaide Local Health Network