

# CENTRAL ADELAIDE LOCAL HEALTH NETWORK – NURSING EDUCATION 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:		

  

Candidate Information: PLEASE PRINT DETAILS CLEARLY		
Participant Name: (To appear on your certificate)	Surname	Given name
Payroll Number:		
Organisation:	<i>eg RAH</i>	
Ward / Area:	<i>eg 5F Wing 1</i>	
Directorate:	<i>eg Medical, Surgical</i>	
Position:	<i>eg RN, ANUM, Pharmacist, Admin Officer</i>	
Classification:	<i>eg RN1, OPS3, AS02</i>	
Email: (Please print clearly)		
Postal Address: (For course material)		
		Post code:
Mobile Phone:(mobile preferred for SMS contact)		Work Phone:

Manager/Directorate Authorisation for attending training:	
Name:	
Position:	
Email:	
I support the application for attendance (PD leave approved):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shift Time <input type="checkbox"/> Own Time
Signature:	Date:

All applicants and line managers will be notified of acceptance to the program by CALHN Nursing Education

**Please return form to:**

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

The Queen Elizabeth Hospital - 5A, Main Building  
DX: 465 150 – Phone: 8222 6746

Royal Adelaide Hospital - WF 5D390 - Phone: 7074 3500

### Office Use Only

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