CALHN Nursing Education

SA Health Employee Application Form

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

Course Information

Course Name:	**Basic Life Support Instructors Program**	
Date:		Delivery Site:

Candidate Information (Please print details clearly)

Participant Name:	Surname	Given name
Payroll Number:		
Site:		
Ward / Area:		
Program:		
Position:		
Classification:		
Email: (work email preferred please print clearly)		
Postal Address:		Post code:
Mobile Phone: (mobile preferred for SMS contact)		Work Phone:

Payment Details: (person or department responsible for payment)

❐ SA Health Employee $55.00	
Name of person responsible for payment:	
Organisation:	
Email:	Phone:
Postal Address: (for Tax Invoice)	
	Post code:
Signature of person responsible for payment:	Date:

Manager/Program Authorisation for attending training

Name:	
Position:	
Email:	
I support the application for attendance: (PD leave approved)	❐ Yes ❐ No ❐ Shift Time ❐ Own Time
Signature:	Date:

All applicants and line managers will be notified of acceptance to the program via email.

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

Office Use Only

❐ Application Received Date:	❐ Enrolled on Spreadsheet	❐ Applicant notified by email
❐ Tax Invoice	❐ Pre-reading sent	❐ Manager notified by email

Government of South Australia

Health
Central Adelaide
Local Health Network