CALHN Nursing Education

CALHN & SA HEALTH EMPLOYEES APPLICATION FORM

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

Course Information:		
Course name	Date	Delivery Site
Hospital Advanced Life Support (HALS) Course for RNs Please note: this is a 3 day course 08:00 – 16:3 0	06.03.25 (Thursday) 13.03.25 (Thursday) 20.03.25 (Thursday)	**THE QUEEN ELIZABETH HOSPITAL**

Candidate Information: **PLEASE PRINT DETAILS CLEARLY**			
Participant Name: (To appear on your certificate)		Payroll No:	AHPRA No:
Organisation:			
Position:		Program:	
Classification:		Work Area / Ward/Grade:	
Email: (Please print clearly)			
Postal Address: (For course material)			
		Post code:	
Contact Phone:		Work No:	
Please identify any requirements to accommodate your learning experience:			

Payment Details: (person or department responsible for payment)		
Please advise details of person/organisation to be invoiced for payment of this course. **You will be invoiced on receipt of this application.** **A cancellation policy applies. Please refer to the Information Sheet for further information.**		
❒ CALHN Employee $100.00 ❒ SA Health Employee $200.00 (Please tick one only)		
Name of person responsible for payment:		
Organisation:	Department:	
Address:	Suburb:	
Postcode:	Email:	Phone:
Cost Centre: _ _ / _ _ _ / _ _ _ / _ _ _ _	Full 12 digit cost centre must be provided if the department is paying the fee. If no cost centre is provided, an invoice will be sent to the participant.	
Signature of person responsible for payment:		Date:

Manager/Directorate Authorisation for attending training:		
Name:		Position:
Email:		
I support the application for attendance ❒ Yes ❒ No Attendance for this applicant is mandatory ❒ Yes ❒ No		
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, WF5D390, Level 5, Royal Adelaide Hospital Phone: 70743500

Email: NursingEducation.Applications@sa.gov.au

❒ Application Received Date:	❒ Applicant notified by email ❒ Manager notified by email

Government of South Australia

Health
Central Adelaide
Local Health Network