

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 – 16:30	13.9.24 (Friday)	TQEH
	20.9.24 (Friday)	RAH
	27.9.24 (Friday)	RAH

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

Payment Details: (person or department responsible for payment)			
<p>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.</p>			
<input type="checkbox"/> CALHN Employee \$100.00	<input type="checkbox"/> SA Health Employee \$200.00	<small>(Please tick one only)</small>	
Name of person responsible for payment:			
Organisation:		Department:	
Address:		Suburb:	
Postcode:	Email:	Phone:	
Cost Centre: __/ __/ __/ ____		<small>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.</small>	
Signature of person responsible for payment:			Date:

Manager/Directorate Authorisation for attending training:			
Name:		Position:	
Email:			
I support the application for attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attendance for this applicant is mandatory	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<input type="checkbox"/> Application Received Date:	<input type="checkbox"/> Applicant notified by email <input type="checkbox"/> Manager notified by email
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