

# 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:	<b>HAMPSTEAD REHABILITATION CENTRE</b>

Candidate Information:		PLEASE PRINT DETAILS CLEARLY
Participant Name: (To appear on your certificate)		
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 Nursing Administration

**Please return form to:** Nursing Administration  
 Email: [Karen.Schutz2@sa.gov.au](mailto:Karen.Schutz2@sa.gov.au) or [Bronwyn.thorpe@sa.gov.au](mailto:Bronwyn.thorpe@sa.gov.au)

Hampstead Rehabilitation Centre  
 207 – 255 Hampstead Road  
 LIGHTSVIEW SA 5085  
 Phone: 8222 1621

### Office Use Only

<input type="checkbox"/> Application Received Date:	<input type="checkbox"/> Application selected <input type="checkbox"/> Application not selected	<input type="checkbox"/> Applicant notified by email <input type="checkbox"/> Manager notified by email
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