The Learning Centre

Application Form

To enrol in a course offered at the Learning Centre, this form must be completed and submitted to the Learning Centre prior to the closing date for applications. Enter details on this electronic form before printing, then scan or fax.

Course information Course title: Course date: Course time: **Personal information** Given name: Date of Birth: Surname: Payroll No: Address: HAD ID: Suburb: Postcode: E-mail: Mobile: Professional information Other: Place of employment: Department / Ward / Team:

Postal address:

Telephone:

Email:

Approval from manager to attend course

In submitting this form I confirm I have approval from my Manager to attend this education session:

Manager's name:

Manager's e-mail:

For more information Annette Farrell Administration Assistant Learning Centre Tel: (08) 7087 1800 (Monday – Thursday) Fax: (08) 7087 1930 Email: <u>HealthMentalHealthLearningCen</u>tre@sa.gov.au

