

APPLICATION FORM

ENROLMENT PREFERENCE

☐ Online study mode, Study Period 6 (SP6), Year

PERSONAL DETAILS

Title D.O.B (dd/mm/yyyy):

Family Name

Other Names

Address
.....
State Postcode

Mobile (preferred) /
Home

Email

Occupation

EMPLOYER DETAILS

Name of Organisation

Address
.....
State Postcode

Work

Contact Email

EDUCATIONAL QUALIFICATIONS

	Award (Eg, Bachelor, Graduate Certificate, Master etc... ..)	Institution	Year of completion
1.			
2.			
3.			
4.			
5.			

CURRENT PRACTISING CERTIFICATE

	Nurse registering authority	Registration number	Expiry date
1.			
2.			

MEMBERSHIP OF PROFESSIONAL SOCIETIES

	Organisation	Duration of membership
1.		
2.		

PRIOR COURSE IN PALLIATIVE CARE NURSING

	Award	Institution	Year of completion
1.			
2.			

ADDITIONAL INFORMATION

Do you have a disability, impairment or long-term medical condition, which may affect your studies? ☐YES ☐NO

☐Hearing ☐Learning

☐Mobility ☐Vision ☐Other _____

Support services are available for domestic and overseas students. Would you like to receive advice on support services that may assist you?

*If yes, please contact the Student Engagement Unit, telephone 08 8302 8999 or Email: seu@unisa.edu.au for further information.

DECLARATION & AUTHORISATION

1.

I declare that the information given is accurate and complete.

☐
2.

I authorise the University to use any of this information for demographic and evaluation/research purposes and I understand that my anonymity will be guaranteed at all times.

☐

Signature:

Date:

Please complete and return this form (with a copy of your Resume/CV) via email to:

Administrative Services Officer – Professional Certificates
NursingProfessionalDevelopmentCourseEnquiries@unisa.edu.au

OFFICE USE ONLY

Received Date:	Course Coordinator Name:	
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Signature:	Date: