

## APPLICATION FORM

### ENROLMENT PREFERENCE

Online study mode, Study Period 5 (July), 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
1.			
2.			
3.			
4.			
5.			
6.			

### CURRENT PRACTISING CERTIFICATE

	Nurse registering authority	Registration number	Expiry date
1.			
2.			
3.			

### MEMBERSHIP OF PROFESSIONAL SOCIETIES

	Organisation	Duration of membership
1.		
2.		
3.		

**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](mailto: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) TO:**

**Administrative Services Officer – Professional Certificates**

*Via Email:* [NursingProfessionalDevelopmentCourseEnquiries@unisa.edu.au](mailto:NursingProfessionalDevelopmentCourseEnquiries@unisa.edu.au)

**or via Post to:**

University of South Australia  
 School of Nursing and Midwifery  
 GPO Box 2471  
 Adelaide SA 5000

**OFFICE USE ONLY**

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