



Refresher course for Nurses

APPLICATION FORM

Mr, Mrs, Ms, other (please circle) Surname: _____

Given Names: _____ Preferred Name: _____ D.O.B. _____

Address: _____

Postcode: _____

Telephone Number: (home) _____ work/mobile) _____

Email: _____

Post Registration Experience: Please attach a CV showing details of your clinical history with approximate hours attached. Registered Nurses years of service.

Additional Nursing Qualifications Undertaken:

Course Name and Award	Name of Institution	Dates	
		From	To

• How long is it since you last worked in acute medical/surgical nursing? _____

• Please indicate areas of clinical interest _____

• What do you hope to gain from the Refresher Course? _____

• Apart from unforeseen circumstances, are you able to commit to completing the program? _____



- On course completion, are you considering employment at Sydney Adventist Hospital? _____
- If 'yes', which of the following would you prefer?

Full Time	Part Time	Casual

Application for program commencing 8 February 2010

Checklist:

I have included:

- the fee \$2,800.00 payable on application
- the signed criminal record check forms (Working with Children & Prohibited Employment)
- a photocopy of my current Nursing Registration*
 - *original to be sighted by Refresher Co-ordinator on first day of the course if you are a successful applicant
 - *if your nursing registration has conditions please attach a copy of these conditions
- completed immunisation form
- passport photo
- CV with details of clinical history

If using credit card to pay the course fee, please complete the following information:

Mastercard/Visa (please circle appropriate card):

Number

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Expiry date

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Cardholder's Name: _____ Signature _____

For further enquiries please contact: *San College of Education Secretary* Phone: 9487 9211

Statement of Application: I will observe the policies, procedures and protocol of the Sydney Adventist Hospital and I fully understand that acceptance for a place in the course does not mean that a position will be available for me at the Sydney Adventist Hospital on course completion.

SIGNED: _____ **DATE:** _____

Please return completed form by 11 January 2010