



~ REFRESHER COURSE FOR NURSES ~
APPLICATION FORM

PERSONAL DETAILS

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

Given Names: _____ Preferred Name: _____

Address: _____

Telephone Number: (home) _____ Mobile: _____

Email: _____

POST REGISTRATION EXPERIENCE:

Please attach a CV showing details of your clinical history with approximate hours / years.

ADDITIONAL NURSING QUALIFICATIONS UNDERTAKEN

Course Name and Award	Name of Institution	Date	
		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 programme?



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- On course completion, are you considering employment at Sydney Adventist Hospital?

Yes / No

Please note completion of this course does not guarantee employment

- If “yes”, which of the following would you prefer? Full Time / Part Time / Casual

APPLICATION CHECKLIST

I have included:

- The course fee
- The signed “The Working with Children Check” form
- A photocopy of current Nursing Registration
 - Original must be sighted by the Refresher Coordinator on the first day of the course if you are a successful applicant.
 - If your nursing registration has conditions please attach a copy of these conditions.
- A completed immunisation form
- A Passport photo
- CV with details of clinical history

PAYMENT DETAILS: MasterCard / Visa / Cheque (please make payable to Sydney Adventist Hospital)

Card Number: _____

Expiry Date: ____ / ____

CCV Number: ____

Cardholder’s Name: _____ Signature: _____

STATEMENT OF APPLICATION:

I will observe the policies, procedures and protocols of the Sydney Adventist Hospital and I fully understand that acceptance of a place in the Nurse Refresher Program does not mean that a position will be available for me at the Sydney Adventist Hospital on completion. I understand that in the event of cancellation of my accepted application, prior to course commencement, I will be charged a \$250.00 cancellation fee, and furthermore that no refunds apply once the course has commenced.

SIGNED: _____ DATE: _____

Send all applications to:

Education
Sydney Adventist Hospital
185 Fox Valley Road
Wahroonga NSW 2076
Enquiries: 02 9487 9211