

Professional Certificates Professional Development Courses

SURGICAL PATHOLOGY PREPARATION

APPLICATION FORM

ENROLMENT PREFE	ERENCE (please tick)
Online study mo	de, Year
Are you an alum	ni of UniSA? This information helps us with the enrolment process for you.
PERSONAL DETAIL	S
Title	
(Mr/Mrs/Miss etc)	D.O.B (dd/mm/yyyy):
Family Name (Surname)	
Other Names	
Address	
	State Postcode
Mobile (preferred)	
Email	
Occupation	
EMPLOYER DETAIL	S
Name of Organisation	
Address	
	State Postcode

Office Number	
Office Email	

	Award (Eg, Bachelor, Graduate Certificate, Master etc)	Institutio	on Year
B	ERSHIP OF PROFESSIONAL SOCIE	ETIES	Duration of membership
B		ETIES	Duration of membership

ADDITIONAL INFORMATION REQUIRED

Evidence of previous studies in advanced histopathology, which will include transcripts showing courses undertaken in areas of histology, pathology and histotechnology.

A supporting letter from an employer stipulating continuous and ongoing access to a pathology laboratory that is accredited by NATA (National Association of Testing Authorities, Australia) in which the applicant is undertaking surgical pathology preparation, under the supervision of a pathologist or "trained delegate" as defined by the NPAAC (National Pathology Accreditation Advisory Council) requirements. This level of training must be continuous and ongoing (a major part of the applicant's day to day activity), so that a competency level of independent practitioner in the cut-up of some of the non-complex and complex tissues (as listed in the NPAAC requirements) can be demonstrated by the completion date of the program.

APPLICATION CHECK LIST

1.	All relevant academic transcripts	
2.	Letter from employer	
3.	Practicing in a NATA accredited laboratory	

ADDITIONAL INFORMATION

Do you have	a disability,	impairment	or lon	g-term	medical	condition,	which	may	affect	your
studies?		C								

□ Hearing □ Learning

Mobility	Vision	Other	
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Student support services are available for domestic and overseas students. Would you like to receive information on support services that may assist you?

*If yes, please contact Campus Central (for advice on any aspect of student life) via telephone: *1300 301 703* or email: <u>askCampusCentral@unisa.edu.au</u> 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.

Sig	nature:
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Date:

PLEASE COMPLETE AND RETURN THIS FORM (with a copy of your resume/CV) TO: Administrative Services Officer – Professional Certificates

Via Email: chs-teachinglearning@unisa.edu.au

PAYMENT OPTION:

PLEASE DO NOT PAY FOR THIS SHORT COURSE UNTIL YOU HAVE BEEN ACCEPTED INTO THE PROGRAM. YOU WILL RECEIVE AN EMAIL NOTIFYING YOU TO MAKE THE PAYMENT CLOSER TO THE START DATE OF THE COURSE.

Please go to Pay UniSA <u>https://pay.unisa.edu.au/home/menu</u> to complete payment.

Simply enter your selection of the following in the search bar: **ProCert Surgical Path (ZPSPP) Course**

Total Fee: \$2420 (GST inclusive)

Please note, fees must be processed prior to the start date of the course

Outcome: Signature:	Course Coordinator Name:	ceived Date:
	Signature:	come:
Approved Rejected		Approved