



UniSA

Clinical & Health Sciences

ALLERGY NURSING

APPLICATION FORM

ENROLMENT PREFERENCE *(please tick)*

- Online study mode, Study Period 5 (July), Year
- Are you an alumni of UniSA? This information helps us with the enrolment process for you. If yes, please provide your Student ID number or username.

PERSONAL DETAILS

Title

(Mr/Mrs/Miss etc...) D.O.B (dd/mm/yyyy):

Family Name (Surname)

Other Names

Address

State Postcode

Mobile (preferred)

Email

Occupation

EMPLOYER DETAILS

Name of Organisation

Address

State Postcode

Office Number

Office Email

EDUCATIONAL QUALIFICATIONS

| | Award (Eg, Bachelor, Graduate Certificate, Master etc... ..) | Institution | Year |
|----|---|--------------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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 _____

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: askCampusCentral@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 – CHS Nursing and Midwifery Professional Certificates

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

OFFICE USE ONLY

Received Date:

Course Coordinator Name:

Outcome:

- Approved
 Rejected

Signature:

Date: