

**APPLICATION FORM**

**ENROLMENT PREFERENCE**

- Online study mode, Study Period 5 (July), Year .....
  
- Are you an alumni of UniSA? This information helps us with the enrolment process for you.

**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 .....

Office Number .....

Office Email .....

**EDUCATIONAL QUALIFICATIONS**

	<b>Award (Eg, Bachelor, Graduate Certificate, Master etc... ..)</b>	<b>Institution</b>	<b>Year</b>
1.			
2.			
3.			
4.			
5.			
6.			

**CURRENT PRACTISING CERTIFICATE**

	<b>Nurse registering authority</b>	<b>Registration number</b>	<b>Expiry date</b>
1.			
2.			
3.			

**MEMBERSHIP OF PROFESSIONAL SOCIETIES**

	<b>Organisation</b>	<b>Duration of membership</b>
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](mailto: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 – Professional Certificates**

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

**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>