

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.		

If you are a Registered or Enrolled Nurse working in regional South Australia, you may be eligible for a waiver of your student tuition fees supported by a government funded initiative. Please complete the section below. Successful applicants need to meet the following criteria to be eligible:

- Currently works as a RN/EN in regional SA (classified as 100km from metropolitan Adelaide)
- Can demonstrate that skin checks using dermoscopy can be implemented into their usual practice following completion of the course

ELEGIBILITY DETAILS

Current Position

Location of your main clinical roles (e.g. Ceduna)

Main clinical roles within this position

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Provide a brief explanation of how you could implement skin checks using dermoscopy in your current position

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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: