

OWL RESEARCH PROGRAM

APPLICATION FORM

ENROLMENT PREFERENCE *(please tick)*

- Online with face to face seminars (April – November) Year 2025
- 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

RESEARCH PROJECT OUTLINE (350 WORDS)

Background

Aim

Methods

Relevance to clinical practice and NSQHS standard(s)

EMPLOYER DETAILS and ENDORSEMENT BY THE APPLICANTS LINE MANAGER

Name of Organisation

Address

State Postcode

Manager Full Name

Manager Signature

Position Title, Ward/Unit

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.			

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 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: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Signature:	Date: