



**DEPARTMENT OF NURSING AND MIDWIFERY EDUCATION AND RESEARCH
EXTERNAL PARTICIPANTS
APPLICATION FOR PROFESSIONAL DEVELOPMENT**

I wish to apply for enrolment in the following program. I have supplied my credit card details or I will forward a cheque

APPLICATION PROCESS

1. Complete all the required details on this form
2. Click submit to create a new email message **OR** click save, attach to an email and send to kemh.dnamer@health.wa.gov.au
3. If a place is available in the course your credit card will be debited the required amount
4. You will then receive email confirmation of the outcome of your application and a receipt for payment if applicable

NAME OF PROGRAM:

DATE OF PROGRAM:

COST OF PROGRAM: \$

PUBLIC SECTOR EMPLOYEE:

OTHER:

Name of Applicant:

Home address:

*Email Address:

**must be provided*

Telephone:

Mobile:

Name of Employer:

Applicants Designation:

HE number:

Employee number:

PAYMENT DETAILS:

Payment Type: Credit Card (details below)

Cheque:

(made payable to Department of Nursing & Midwifery Education & Research)

Journal transfer:

Credit Card Number:

Expiry Date:

Name on Card:

Amount: \$

Type of Card: please tick- VISA

MASTERCARD

OTHER:

Applications to be forwarded to: Email: kemh.dnamer@health.wa.gov.au

Department of Nursing & Midwifery Education & Research, King Edward

Memorial Hospital GPO Box 134 SUBIACO W.A. 6008

Phone: 6458 3001