



DEPARTMENT OF NURSING AND MIDWIFERY EDUCATION & RESEARCH EXTERNAL PARTICIPANTS APPLICATION

NAME OF PROGRAM: 'Hospital Based Neonatal Level 2 Certificate Course for RN/RM's'.

DATE OF PROGRAM: _____ **COST OF PROGRAM:** \$1000

PUBLIC SECTOR EMPLOYEE ONLY: **OTHER:**

APPLICATION PROCESS:
1. Submit completed & signed two paged application before the relevant course closing date
2. If a place is available in the course, payment will be required prior to course commencement

Name of Applicant: _____
Home Address: _____
*Home Email: _____
Work Email: _____
Telephone: _____ Mobile: _____
Name of Employer: _____
Applicants Designation: _____

****Your email address may be required to allow access to pre-reading & course materials for professional development activities.***

PAYMENT DETAILS:

Payment Type: Credit Card (details below) Cheque: Journal transfer:

Other: (please specify)

Credit Card Number:

Expiry Date:

Name on Card:

Type of Card: please circle - VISA MASTERCARD OTHER

Following receipt of this application & confirmation of a place being available, your credit card or cheque details will be forwarded to the cashier for processing. You will then receive confirmation of the outcome of your application.

Applications to be forwarded to:

Department of Nursing & Midwifery Education & Research, King Edward Memorial Hospital, GPO Box 134 SUBIACO W.A. 6008
Phone: 08 6458 3001 Email: kemh.dnamer@health.wa.gov.au



**Hospital Based Neonatal Level 2 Certificate Course for Registered
Nurse/Midwife**

HOSPITAL NOMINATION FORM

Prerequisites	Yes/No (√)	*Employer's Signature
RN/RM employed at a W.A. public hospital with a Neonatal Unit classified Level 2a or 2b (CSF 4 or 5) for ≥0.8FTE		*
Nominated & released by employer to attend KEMH/PMH study days & supernumerary clinical practice days.		*
Supported & placed by employer to their own hospital Level 2 SCN to obtain required 'in-house' clinical experience.		*
Funding source confirmed		*
Rural applicants granted travel & accommodation financial assistance from their Regional Nursing Director or WACHS.		Regional Nursing Director Name: Signature:

* = Mandatory

Further Comments:

Applicant's Signature:	*	Name:	Date:	Email:
Employer's Signature:	*	Name:	Date:	Email:

NB: Employers can only nominate 1 applicant per course.

No KEMH/PCH parking or accommodation available

Course Dates:

7 Oct – 29 Nov 2019

Application Deadline:

29 July 2019