

Application for Enrolment

01 Personal details:

TITLE	FAMILY NAME	
GIVEN NAMES		
GENDER (M OR F)	DATE OF BIRTH	PREVIOUS NAME (IF APPLICABLE)

02 Postal address:

No. & STREET		
SUBURB/TOWN	STATE/COUNTRY	POSTCODE
TEL (Home)	TEL (Business)	
TEL (Mobile)	EMAIL	FAX

03 Home address:

No. & STREET		
SUBURB/TOWN	STATE/COUNTRY	POSTCODE

04 Payment of fees – tick appropriate box

- Chemotherapy Module One (Chemo1/09) \$100.00
- Chemotherapy Module Two (Chemo2/09) \$300.00
- Chemotherapy Module Three (Chemo3/09) \$TBD
- Lung Cancer \$400.00 with assessment (Lung/09) \$350.00 with no assessment
- Breast Cancer \$400.00 with assessment (Bre/09) \$350.00 with no assessment
- Pain Management in Cancer Care (PM/09) \$400.00 with assessment \$350.00 with no assessment

Please enclose full payment with the application

Cheques should be made payable to: Centre for Nursing and Health Education, Ballarat Health Services

05 Unit enrolment

Module Code	Module Title

Privacy at Ballarat Health Services

The information on your application form is collected to enable Ballarat Health Services to facilitate your enquiry and/or application.

Documentation

- (1) Please attached a certified copy of your current State Nurses Board registration certificate. Original documents will not be returned.
- (2) Photocopies must be legible, including the name and address of the awarding institution.
- (3) The Centre for Nursing & Health Education accepts faxed applications
- (4) For any document in a language other than English, a certified copy of the original must be provided with a certified translation.

Final Checklist

Use this checklist to ensure that you have completed all the steps necessary for you application. Your application will not be process if is it incomplete.

- Tick if you have completed ALL relevant sections of this application form.
- Tick if you have included certified photocopies of ALL relevant documentation (See above for documentation requirements).
- Tick if you have included your Payment details.
- Tick if you have signed the Declaration (below).



Declaration

- I declare the information supplied by me is complete and correct.
- Where records of prior study have been provided in support of my application, I authorise Ballarat Health Services to conduct a search and retrieval of my academic record from my previous institution/s to verify the information contained in my application.
- I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, the discretion of Ballarat Health Services.
- I have read the relevant course information provided including course structure and requirements.
- I agree to pay all fees and charges arising from this enrolment.
- I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedure of Ballarat Health Services.
- I consent to the Health Services corresponding with me by electronic means.
- I understand that I am required to have access to a computer and the internet and will check my email account at least weekly.

Signature:	Date:
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Send payment and application to the following address:

Centre for Nursing & Health Education
 Ballarat Health Services
 PO Box 577
 Ballarat Vic 3350

Office Use Only:	
Date Received:	
Application assessed by:	Date:
Paperwork: <input type="checkbox"/> Verified	
Selection outcome: <input type="checkbox"/> Offered	
<input type="checkbox"/> Not offered	
Basis for admission:	