

DEPARTMENT OF NURSING & MIDWIFERY EDUCATION AND RESEARCH

INTERNAL PARTICIPANTS

APPLICATION FOR PROFESSIONAL DEVELOPMENT

INTERNAL APPLICANTS are those nurses and/or midwives who work at KEMH or PMH (Ward 6B only) and/or students

NAME OF PROGRAM: _____

DATE OF PROGRAM: _____ Cost of Program: _____ (Inc GST)

Place of employment: KEMH PMH

Paid leave requested: YES NO Course Duration: Days: _____ Hours: _____

APPLICANTS DETAILS

Family Name: _____ First Name: _____

Position: _____ Dept/Ward/Unit/Hospital _____

Signature: _____ Date: _____ Telephone: _____
Mobile: _____

Address NMAHS Applicants _____ P/Code: _____

TO BE COMPLETED BY THE AUTHORISING OFFICER

Name: _____ Position: _____

Applicant request approved: YES NO Paid Leave Approved: YES NO

Request for financial assistance approved: YES NO Amount: _____ Cost Centre: _____

Registered with course provider: YES NO

Signature: _____ Date: _____ Telephone: _____

Booking Confirmed: Applicant Notified: Entered in HRIS:

Signature of Booking Officer: _____

PLEASE FORWARD APPLICATION FORM TO DNAMER - KEMH

COURSE REGISTRATION CONFIRMATION

Name: _____ Department: _____

I am pleased to advise that a booking for you to attend the.....

course at KEMH on has been **CONFIRMED**

Any further enquiries, please contact Department of Nursing & Midwifery Education & Research: KEMH - 9340 1566

This document forms a part of publication WNHS 0263b, produced by DNAMER ©December 2006, Rev 3, Oct 2008.

OFFICE USE ONLY 2