



The College of Nursing

incorporating The NSW College of Nursing
ABN 43 000 106 829

Continuing Education Enrolment Form Tax Invoice

FEE-PAYING APPLICANTS Are you a: RN OR EN (please tick box)

(complete this side only)

COURSE DETAILS

Course Name _____

Course dates _____

APPLICANT DETAILS

Surname _____ Title (Miss, Ms, Mrs, Mr, etc) _____

Given Name _____

Address _____ Postcode _____

Home Telephone _____ Work Telephone _____

Staff Position _____ Ward/Unit _____

Are you of Aboriginal or Torres Strait Island descent? Yes No If yes, please specify _____

Place of Employment _____

Is your place of employment: Private Public Other

PAYMENT DETAILS

THE COLLEGE OF NURSING MEMBERSHIP

Are you a member of this College? Yes No Course fees Member \$..... Non-member \$

ARE YOU BEING FINANCIALLY SUPPORTED BY YOUR EMPLOYER TO ATTEND THE PROGRAM(S)?

Course Fee: Yes No and/or Wages paid while attending: Yes No

COURSE FEES

Please refer to the College continuing education handbook.

PAYMENT BY STUDENT (Complete this section only if you are paying your own course fees)

Please find enclosed my cheque/money order for the sum of \$..... made payable to The College of Nursing.

Please debit my: Bankcard Mastercard Visa Amex Amount \$

Card No --- Expiry Date _____

Cardholder's Name _____ Cardholder's Signature _____

PAYMENT BY EMPLOYER (Complete this section only if your employer is paying your course fees)

If course fees are to be paid by your employer, enrolment forms may be sent (by fax or post) prior to payment. If this course is being funded by your hospital, please forward a purchase order with this application. The authority below must be signed by administration. Enrolment cannot be confirmed unless the total fee payable is included or authorised.

Course fees will be paid by _____ Purchase order no. _____

Manager's name (please print) _____ Signature _____ Contact no. _____

Address _____ Postcode _____

PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:
Student Administration Services, The College of Nursing, Locked Bag 3030, Burwood NSW 1805
Telephone (02) 9745 7516 • Facsimile (02) 9745 7501

Successful applicants will be notified by mail approximately **two** weeks prior to the course commencement date.

CANCELLATION AND REFUND POLICY

Please choose your course carefully. Once your enrolment has been processed course fees will only be refunded when a minimum of ten working days notice is provided. A fee of \$25 will be deducted to cover administrative costs. Cancellations made within the ten-day period will not be eligible for a refund. The College cannot accept responsibility for changes in work release or personal circumstances.

The College reserves the right to cancel or postpone any course at any time or for any reason as determined by the Board. Students paying for their own air fares are advised to obtain travel insurance to cover potential losses in the event of course cancellation. If the College cancels a course, a refund will be made of the full course fee.

PRIVACY ISSUES: The College of Nursing collects your personal information for administrative use and to provide you with information about our activities and promotions. Please let us know if you do not wish to receive such information. You can gain access to your personal information by contacting the College's privacy officer on 9745 7500.