



The College of Nursing

incorporating The NSW College of Nursing

ABN 43 000 106 829

Continuing Education Enrolment Form

Application for NSW Health Funded Courses ONLY

(complete this side only)

Are you a: RN OR EN (please tick box)

Please print clearly and ensure that all sections of this form are complete and correct.
Use a separate form for each course application.

Course name _____

Course dates _____

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

Given name(s) _____

Address _____ Postcode _____

Home telephone _____ Work telephone & extension _____

Employing hospital _____

Staff position _____ Ward name/number _____

Are you a member of the College: Yes No

Are you of Aboriginal or Torres Strait Island descent? _____ Yes No

If yes, please specify _____

Applicant's signature _____

Can this applicant be released from your hospital or agency to attend this course? Yes No

Nursing Unit Manager (signature) _____

Nursing Unit Manager (name) _____

Director of Nursing/Health Service Manager (signature) _____

Director of Nursing/Health Service Manager (name) _____

**Please post or fax your completed enrolment form no later than two (2) weeks
before the course commencement date to:**

**Student Administration Services
The College of Nursing
Locked Bag 3030
Burwood NSW 1805
Telephone (02) 9745 7574 • Facsimile (02) 9745 7501**

SUCCESSFUL APPLICANTS WILL BE NOTIFIED BY MAIL

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.

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.