

COURSE APPLICATION FORM

Course Name **NEUROSCIENCE NURSING COURSE**

Date of Course **2 DAY COURSE = TUESDAY 12th JUNE 2007 & MONDAY 18th JUNE 2007**

Cost: **Internal: \$ 22:00 (Including 10% GST) ABN: 13 993 250 709**
External \$ 176:00 (including 10% GST) ABN: 13 993 250 709

Name _____

Position _____

Ward/Dept/Organisation _____
Nurse Pays Employer Pays Please Tick Box

Address _____

Telephone No _____ (work) _____ (home)

Division Approval _____ Not Applicable
(Internal Applicants) _____
CNS / CNM / NM Signature

Please forward Application and payment to:

Centre for Nursing Evidence Based Practice, Education & Research
Royal Perth Hospital
GPO BOX X2213 PERTH WA 6847

OFFICE USE

ACKNOWLEDGMENT SLIP

THANK YOU FOR YOUR COURSE APPLICATION FORM

Name _____

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Venue **BRIAN VIVIAN SEMINAR ROOM, LEVEL 4, "A" BLOCK**

Enquiries **LEONIE BECKETT, SDN 9224 3529 / ANNA JACOBSEN, A/SDN 9224 2571**

Centre for Nursing Evidence Based Practice, Education & Research