

**GRADUATE CERTIFICATE IN NURSING (GENERAL PRACTICE)  
PRACTICE NURSING 3 (NUR 751) 2010  
NEW STUDENT ENROLMENT FORM**



**ENROLMENT FORM / TAX INVOICE**

2010 Semester Dates ( Limited places available)  
15 July 2010 - Enrolments close

<b>Personal Details</b>	
Family name: _____	Given name/s: _____
Contact details – Please tick preferred number for contact	
Telephone: BH _____ <input type="checkbox"/> AH: _____ <input type="checkbox"/> Mobile: _____ <input type="checkbox"/>	
Address for Correspondence (N.B. course information will arrive by post)	
_____	Postcode: _____
Email address – Please write clearly. To undertake this course you will need access to a computer (to prepare your assignments) and access to the internet and an email address (to access tutor support and online references).	
Email Address: _____	
<i>This question is optional and will not affect your eligibility for enrolment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait peoples.</i>	
Are you of Aboriginal or Torres Strait Islander origin? If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.	
No <input type="checkbox"/>	Yes- Aboriginal <input type="checkbox"/> Yes- Torres Strait Islander <input type="checkbox"/>

<b>Employment Details</b>	
Number of years in general practice: _____	
Practice Details: _____	Current Position: _____ I currently work Part Time Hrs <input type="checkbox"/> Full Time Hrs <input type="checkbox"/>

<b>Qualifications</b>	
Registered Nurse (Div 1) University <input type="checkbox"/> or Hospital <input type="checkbox"/> trained	Year qualification obtained _ _ _ _
Enrolled Nurse (Div 2) University <input type="checkbox"/> or Hospital <input type="checkbox"/> trained	Year qualification obtained _ _ _ _
Nursing Registration No: _____ (Please attach a photocopy of your current nursing registration certificate)	
Other postgraduate studies recently undertaken to update your clinical skills (please do not include short courses) _____	

<b>Payment Details</b>	
The cost per unit is \$650 (GST inc).	
<input type="checkbox"/> By cheque or money order payable to Australian General Practice Network <input type="checkbox"/> Please charge my : <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa      Amount \$ _____	
Credit Card Number: _____ / _____ / _____ / _____	Expiry Date: __ / __
Cardholder's name (print): _____	Signature: _____

