

Division of Nursing and Midwifery



Semester 1 2009 Single Unit

CLOSING DATE

Supplementary Application Form

30 January 2009

Family name:	<input type="text"/>	Title (Miss, Ms, Mrs, Mr, Dr):	<input type="text"/>
Given names:	<input type="text"/>		
Telephone Home:	<input type="text"/>	Business:	<input type="text"/>
		Mobile:	<input type="text"/>
Nursing Registration No.	<input type="text"/>	State of Registration	<input type="text"/>

SINGLE MISCELLANEOUS NURSING & MIDWIFERY UNITS

Unit Code & Mode of Delivery	Unit Title	Fees	Please indicate the unit/s you wish to apply for by ticking the box
NSG4BCF <i>Distance Education</i>	Breast Care Nursing: Foundations for Practice	\$1,630	<input type="checkbox"/>
NSG4NPC <i>Distance Education</i>	Prostate Care Nursing	\$2,150	<input type="checkbox"/>
NSG4NLC <i>Distance Education</i>	Nursing People with Lung Cancer	\$2,150	<input type="checkbox"/>
NSG4BUR Semester 1 <i>Flexi mode</i>	Mgmt of Burns & Tissue Reconstruction	\$3,530	<input type="checkbox"/>
NSG4MCH Semester 1 <i>Flexi mode</i>	Intro to Maternal & Child Health Nursing Practice	\$2,150	<input type="checkbox"/>
NSG4CPI Semester 2 <i>Flexi mode</i>	Maternal and Child Health: Clinical Practice Issues	\$2,150	<input type="checkbox"/>
NSG4CHA <i>Distance Education</i>	Comprehensive Health Assessment	\$3,530	<input type="checkbox"/>

<p><u>Closing date for Semester 1:</u></p> <p>30 January 2009</p>	<p>Units will only run if there are sufficient enrolments.</p>
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Enquiries:

Phone: (03) 9479 5950
Email: nurrec@latrobe.edu.au
Web: www.latrobe.edu.au/nursing

Application must be returned to:

Postgraduate Courses Officer
Division of Nursing and Midwifery
La Trobe University
Victoria 3086

OTHER RELEVANT EDUCATIONAL QUALIFICATIONS

Award	Institution/Organisation	Year(s) enrolled

* Certified copies: All photocopies of original documentation (Nursing registration, Academic Transcripts, Marriage certificates, etc.) must be signed and dated by a suitably qualified person (e.g. Justice of the Peace, Pharmacist, member of the Victoria Police, CPA, Medical Doctor)

HOW DID YOU FIND OUT ABOUT OUR COURSES?

Newspaper Nursing Expo University Open Day Word of Mouth Internet

Other (please specify):

CLOSING DATE FOR SEMESTER 1 SINGLE UNIT APPLICATIONS

30 JANUARY 2009

This information is correct at the time of printing.

Faculty of Health Sciences
Division of Nursing and Midwifery
Supplementary Application Form Checklist



PLEASE ENSURE YOU HAVE PROVIDED THE FOLLOWING DOCUMENTATION.

(Incomplete applications will be returned to the applicant.)

- Have you included a 'certified copy' of your **academic transcript(s)**?
- Have you included a 'certified copy' of your **current registration with the Nurses Board of Victoria**?
- Have you clearly indicated your **single miscellaneous unit** selection?
- Have you included a 'certified copy' of your **evidence of change of name** (if applicable)?
- Have you included **evidence of citizenship or permanent residency**?
- Have you **signed** and **dated** the University application form?
- Have you **signed** and **dated** this checklist to confirm that all relevant documentation is included?
- Have you included:
 1. Application for admission to a single miscellaneous unit
 2. Division of Nursing and Midwifery supplementary application form
 3. All necessary documentation
 4. This checklist

YES, I HAVE INCLUDED ALL RELEVANT DOCUMENTATION.

Name (Please Print): _____

Signature: _____

Date: _____

