

# Division of Nursing and Midwifery



Semester 2 2009 Single Unit

**CLOSING DATE**

Supplementary Application Form

**15 June 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"/>
NSG4CHE* <i>Distance Education</i>	Clinical Education B	\$3,530	<input type="checkbox"/>
NSG4CHA* <i>Distance Education</i>	Comprehensive Health Assessment	\$3,530	<input type="checkbox"/>

\*\* NSG4CHA requires students to be employed in a clinical setting & NSG4CHE requires students to organise and undertake 40hrs of clinical practice

<p><b><u>Closing date for Semester 1:</u></b></p> <p><b>15 June 2009</b></p>	<p><b>Units will only run if there are sufficient enrolments.</b></p>
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## Enquiries:

Phone: (03) 9479 5950  
Email: [nurrec@latrobe.edu.au](mailto:nurrec@latrobe.edu.au)  
Web: [www.latrobe.edu.au/nursing](http://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 2 SINGLE UNIT APPLICATIONS**

**15 JUNE 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:** \_\_\_\_\_

