Distance Education Subject Enrolment Form

FOR DISTANCE EDUCATION COURSES ONLY

PLEASE COMPLETE ALL PARTS OF THIS FORM AND TYPE OR PRINT CLEARLY

COURSE DETAILS

Subject name ..........................................................................................................................................................................................................
Subject code ...................................................................................................................................................................................................
Preferred enrolment date ........................................................................................................................................................................

APPLICANT'S DETAILS

Title (Miss, Ms, Mrs, Mr, etc) ........................................ Surname ........................................................................................................ First name ........................................................................................................
Other names (alias) ............................................................................................................................................... Date of birth ........................................................................................................
Address ........................................................................................................................................................................................ Postcode ........................................................................................................
Home no. (        ) .................................................................................. Mobile no. ...................................................................................................
Email address ........................................................................................................................................................................................

Are you of Aboriginal or Torres Strait Island descent?  ☐ Yes  ☐ No  If yes, please specify ..............................................................

I hereby give permission for ACN to provide my personal details, relating to this course, to the Department of Education and/or NSW Health, where applicable.
Applicant's signature ............................................................................... Date ........................................................................................................

Where did you hear about the course?  ☐ Friend / colleague  ☐ Website  ☐ Conference / expos  ☐ Handbook  ☐ Email / flyer
☐ Advertisement, specify .......................................................................  ☐ Other ..................................................................................................

EMPLOYMENT DETAILS

Staff position ........................................................................................................ Ward/Unit ..................................................................................................
Place of employment .................................................................................. Local Health District ..........................................................................
Work telephone ............................................................................................ Speciality ................................................................................ Years in speciality.............
Is your place of employment  ☐ Private  ☐ Public  ☐ Other ........................................................................................................

AUSTRALIAN COLLEGE OF NURSING MEMBERSHIP

Are you a member of:  ☐ ACN  ☐ RCNA  ☐ TCoN  Course fees Member $.............. Non-member $.............

IF THIS IS A BULK PURCHASE, DO NOT COMPLETE THE PAYMENT DETAILS SECTION BELOW

PAYMENT DETAILS

☐ Please find enclosed my cheque/money order for the sum of $............. made payable to Australian College of Nursing.
☐ Please debit my:  ☐ Mastercard  ☐ Visa Amount $.............
Card No – – – – – – – – – – – – – – – – – – – – - Expiry date ..............
Cardholder’s name ................................................................................ Cardholder’s signature ..............................................................................

IMPORTANT NOTICE

*Please include a copy of your current Authority to Practise as a nurse with your completed enrolment form.

If you are enrolling in Immunisation you must also include evidence of CPR accreditation or first aid certification with your application.

Successful applicants will be notified by mail on receipt of your application.

ALL COURSE FEES ARE PAYABLE IN FULL ON APPLICATION

PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:

(ENROLMENT FORMS SHOULD REACH THE COLLEGE AT LEAST FOUR WEEKS PRIOR TO YOUR PREFERRED ENROLMENT DATE)

Student Services Centre, Australian College of Nursing, Locked Bag 3030, Burwood NSW 1805
Telephone (02) 9745 7500 • Facsimile (02) 9745 7501

ACN reserves the right to refuse enrolment to any course or program and to cancel or suspend any program at any time or for any reason as determined by ACN.
Application Criteria

Applicants are required to:

1. Be currently registered or enrolled with the Nursing and Midwifery Board of Australia (NMBA), or the jurisdiction within which they work and reside. Applicants must provide proof of current registration/enrolment with their application form.

2. Be a registered allied health professional with the relevant Health Profession Board in Australia. Australian College of Nursing (ACN) reserves the right to offer admission to other health professionals on receipt of a written application.

Cancellation and Refund Policy

All applications to withdraw from a course/subject must be in writing to ACN.

Course fees are refunded when the withdrawal occurs prior to the course census date*, less the non-refundable administrative fee. If withdrawal occurs after census date there is no refund. In accordance with ACN's Refund Policy:

1. ACN reserves the right to cancel or postpone a course or program for any reason determined by ACN. In these circumstances a full refund may be made.

2. In some instances courses are subject to non-refundable fees.

3. Details of fees, where applicable, are published in the relevant course information and are also available from ACN's Student Services Centre.

4. Intention of withdrawal from all courses and programs must be made in writing to the ACN Executive Manager Education Division, within the indicated time frame, for a refund to be made. Time frames are published in relevant course/program information and also are available from ACN's Student Services Centre.

5. Refunds will be processed within fourteen (14) days after receipt of a validated request and will be made only by cheque, posted to the recipient.

*Note: Census date is ten days after course commencement date (not applicable to CPD courses). For further information contact the Student Services Centre on 02 9745 7500.

Please refer to ACN website for fee information.

PRIVACY ISSUES: ACN 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.