

School of Nursing & Midwifery short courses program

**Introduction to Palliative Care short course (March – May 2011)**

**Expression of Interest / Registration form**

For further information about this course, please visit: [www.http://www.gha.net.au/grpcc/education.asp](http://www.gha.net.au/grpcc/education.asp)

<b>How did you hear about this course?</b>	Colleagues	Employer	GRPCC	Monash University	Other
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**Applicants' details:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Tel. No.: Number: ( ) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Email address: \_\_\_\_\_

NB: Please provide your Monash student / staff e-mail address if you have one. Thank you.

Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

Contact details of person with whom you discussed attending this course: \_\_\_\_\_

**Applicants' Highest Education Qualification:** Prerequisite: Year 12 or equivalent

Highest Education Qualification	Education Provider	Year completed

**Mentor's details:** For assistance in finding a mentor, please contact Mary Ross-Heazlewood, Project Officer GRPCC

✉ [Mary.Ross-Heazlewood@gshs.com.au](mailto:Mary.Ross-Heazlewood@gshs.com.au)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ (we require this information so that we can send a mentor pack out to mentors).

Tel. No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

*Privacy Statement: The information on this form is collected for the primary purpose of assessing your application and enrolling you in your preferred course. Other purposes of collection include the creation of a participant database, attending to administrative matters, corresponding with you and preparation of statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the School of Nursing and Midwifery to enrol you in the short course of your choice. Personal information may also be disclosed to relevant bodies for the verification of qualifications. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at [privacyofficer@adm.monash.edu.au](mailto:privacyofficer@adm.monash.edu.au)*

**Fee / payment:** The cost of this course is \$1000.00 per participant (including GST). **NB:** The discounted rate of **\$850.00** per participant (including GST) is available to applicants employed by **member services** within the Gippsland Region Palliative Care Consortium. Details of how to go about paying for this course will be advised in due course.

**Please mail, email or fax this completed form to:**

Short Courses Administrator  
Monash University  
School of Nursing and Midwifery  
P O Box 527, Frankston VIC 3199  
Tel + 61 3 9904 4018 / Fax: 61 3 990 44130  
✉ [ShortCourses-SoNM@monash.edu](mailto:ShortCourses-SoNM@monash.edu)