



The College of Nursing

ABN 43 000 106 829

Continuing Education Enrolment Form

Are you a: RN EN Other Health Care Professional (please specify)

COURSE DETAILS

Course name

Course dates

PERSONAL DETAILS

Title (Miss, Ms, Mrs, Mr, etc) Surname

Given name Date of birth

Address

..... Postcode

Home telephone Work telephone

Email Annual Authority to Practice ID no.

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

Applicant's signature

EMPLOYER DETAILS

Place of employment

Staff position Specialty

Is your place of employment: Private Public Other

NSW DEPARTMENT OF HEALTH FUNDED COURSES (NSW Health employees)

Enrolment is subject to priority selection. Successful applicants will be notified by mail approximately three weeks prior to course commencement.

Can this applicant be released from your hospital or facility to attend this course? Yes No

Nursing Unit Manager (name) Nursing Unit Manager (signature)

Work telephone Mobile telephone

PAYMENT DETAILS

Course fees	Please refer to the College Continuing Professional Development handbook or website: http://www.nursing.edu.au Member \$ Non-member \$ (Membership application available from the website)
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Are you being financially supported by your employer to attend the course(s)?	
Course fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	and/or Wages paid while attending: <input type="checkbox"/> Yes <input type="checkbox"/> No

Payment by student (Complete this section only if you are paying your own course fees)	Please find enclosed my cheque/money order for the sum of \$..... made payable to The College of Nursing OR Please debit my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX Amount \$..... Card No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"><input type="text"/> Expiry date Cardholder's name Cardholder's signature</input></input>
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Payment by employer (Complete this section only if your employer is paying your course fees)	If course fees are to be paid by your employer, enrolment forms may be sent (by fax or post) prior to payment. If this course is being funded by your hospital, please forward a purchase order with this application. The authority below must be signed by administration. Enrolment cannot be confirmed unless the total fee payable is included or authorised. Course fees will be paid by Purchase order no. Manager's name (please print) Signature Work telephone. Mobile telephone Address Postcode
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PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO: Administrative Services, The College of Nursing, Locked Bag 3030, Burwood NSW 1805 • Telephone (02) 9745 7500 • Facsimile (02) 9745 7501

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

PLEASE NOTE THE COLLEGE APPLICATION CRITERIA, CANCELLATION POLICY, REFUND POLICY AND PRIVACY STATEMENT ON PAGE 2 OF THIS FORM OR THE WEBSITE: <http://www.nursing.edu.au/CPDcourses/>

continued over page ...

March 2009

APPLICATION CRITERIA

Applicants seeking admission to continuing professional development courses are required to:

1. be currently registered¹ or enrolled² with the appropriate registering authority in the state or territory of Australia in which they are employed, or from a country whose registration/enrolment is recognised by Australian registering authorities, and provide proof of this with their application form.
2. be an allied health professional with appropriate qualifications in a state/territory in Australia, in which they practice. The College reserves the right to offer admission to other health professionals on receipt of written application outlining learning needs and capacity to successfully complete the course.

REFUND POLICY

Please choose your course carefully. All courses are subject to a non-refundable application fee to cover administration costs. The amount of the application fee is 10% of the course cost or \$25 (whichever is the greater) to a maximum of \$450.

The College cannot accept responsibility for changes in work release or personal circumstances.

Refunds for Continuing Education courses will only be available where a minimum of ten working days notice is given of withdrawal from a course.

CANCELLATION POLICY

Students paying for their own air fares are advised to obtain travel insurance to cover potential losses in the event of course cancellation.

The College reserves the right to cancel or postpone any course at any time for any reason as determined by the College. Where the College cancels a course, the full course fee, including the application fee, will be refunded.

PRIVACY STATEMENT

The College on Nursing 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. You can gain access to your personal information by contacting the College privacy officer on (02) 9745 7500.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM

How do I undertake the CPD Program?

The CPD program requires each member to maintain a log of activities each calendar year (this log must be available, if required, for auditing purposes). To meet the requirements of the CPD program at least 25 hours of CPD per annum is necessary. Participants of the CPD program will receive an annual CPD Logbook to assist in the recording of CPD involvement. There will also be provision for electronic records to be made on the College's Website. In designing your annual CPD schedule, the College would encourage you to assess your personal needs and plan your activities accordingly. Your CPD logbook contains specific details as to how to record your CPD activities.

All College continuing education courses attract CPD hours.

Do I have to be involved?

Members are not required to participate in the CPD program, however given the current professional developments internationally, and the recommendations in the National Review of Nursing Education (2002), the College introduced this program to prepare members for what it sees as an inevitable process for re-registration in the near future.

What does my involvement achieve?

The College's CPD program is designed to capture and acknowledge those activities that nurses routinely undertake to maintain their currency and competence. It is envisaged that members' involvement in the CPD program will prove invaluable for professional activities such as preparation for annual performance reviews and the re-authorisation process for nurse practitioners. Formal CPD involvement entitles Members and Fellows to use the postnominals CMCN (Certified Member of The College of Nursing) or CFCN (Certified Fellow of The College of Nursing). All participating Members and Fellows on achievement of their CPD target annually will receive formal Certification for inclusion in their professional portfolios and/or curriculum vitae.

Questions about the Process

The College will continue to review the range of activities and hours committed to the CPD program; therefore your feedback is welcomed.

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- 1 Registered nurse refers to those nurses **registered** with the appropriate Australian State or Territory Nurses Registration Board. In the case of Victoria it refers to **Division 1 registered nurses**.
 - 2 Enrolled nurse refers to those nurses **enrolled** with the appropriate Australian State or Territory Nurses Registration Board. In the case of Victoria it refers to **Division 2 registered nurses**.