



Registration Form

Orientation for Practice Nurses New to General Practice

24th and 25th June 2010
10:00am – 4:30 pm

Adelaide Pavilion, Veale Gardens, South Terrace Adelaide

Please return by Fax to Donna Mackereth on 08 8271 8344

Name:	
Day time Contact Phone Number:	
Email Address:	
Postal Address:	
Are your currently working in General Practice? If Yes please provide the name of the Division your General Practice is a member	Yes <input type="checkbox"/> No <input type="checkbox"/> Division:
Are your a Registered Nurse or Enrolled Nurse	Registered Nurse <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/>
Professional Qualifications, please include other training undertaken (i.e. Asthma, Diabetes)	
Please indicate specific dietary needs	

Applicant Signature

Date