GREATER WESTERN
AREA HEALTH SERVICE
NSW HEALTH

Learning and Development
Enrolment Form

To Apply for Internal Courses

If this workshop is being coordinated or delivered by Learning & Development:

Email: pathlore@gwahs.health.nsw.gov.au

Fax: **02 6361 4126**
Post: Greater Western Area Health Service
Learning and Development
Parkview, Bloomfield Hospital
Forest Road
ORANGE NSW 2800

Enquiries: 02 6360 7960

To Apply for External Courses

For all other workshops, ie those not supported by Learning & Development:

Post or Fax to registering body.
If payment is required, complete Section A and send with course flyer to:
Accounts Payable
Post Office Building, PO Box 143
BATHURST NSW 2795

Enquiries: 6339 5542 or 1800 602 001

Please make sure your contact details are correct to ensure your application is processed

PERSONAL DETAILS

Payroll Number: ___________________________________
Last Name: ___________________________________
First Name: ___________________________________
Job Title: ___________________________________
Department: ___________________________________
Facility: ___________________________________
Work Address: ___________________________________
Work Phone No: ______________ Fax: ______________
Special Needs: ___________________________________

☐ I am Aboriginal / TSI

COURSE DETAILS

Name: ___________________________________
Date/s: ___________________________________
Time/s: ___________________________________
Venue: ___________________________________
____
Provider: ___________________________________
____
Course Fee: $ ___________________________________

EXPENSES

☐ I am a GWAHS employee. GWAHS to pay course registration fee **(Complete Section A below)**
☐ I am a GWAHS Health Councillor. GWAHS to pay course registration fee **(Complete Section A below)**
☐ I am a GWAHS employee. I will be responsible for payment. Payment attached. **(Complete Section B below)**
☐ I am a non-GWAHS employee. Payment attached. **(Complete Section B below)**

Section A

Cost Centre and Entity Number: ___ ___ ___ ___ ___ ___ — ___ ___ ___ ___ Cost Centre Name: _________________________________

Account Code: ☐ Internal Workshop 195700 ☐ External Workshop 195650

Section B

☐ Cheque/Money Order enclosed.
☐ Credit Card (Complete details below)

☐ Visa ☐ Mastercard ☐ Bankcard

Card Number | | | | | | | | | | | | | | | | |

Card Holder's Signature ____ Expiry Date: ____

Card Holder's Name ____ Amount: $ ____

GWAHS EMPLOYEES. GWAHS VOLUNTEERS AND HEALTH COUNCILLORS ONLY

DELEGATED MANAGER/HSM (Please circle)

Attendance Approved Yes No
Course Fee Approved Yes No N/A

Name: (please print) ____ Title: ____

Signature: ____ Date: ____