

ENROLMENT FORM FOR CONTINUING NURSING EDUCATION COURSES



Institute of
Health and Management

Postgraduate Nursing Institute

www.ihm.edu.au

enquiry@ihm.edu.au

Personal Details

1. NAME

Title (Please Tick✓)

Mr. Ms. Mrs. Miss. Other

Given Name/s

Last Name

2. MAILING ADDRESS

Number and Street

Suburb/Town

State

Postcode

Country of Birth

Age Range

20 – 29 30 – 44 45 - 65 66+

Gender (Please Tick✓)

Male Female Gender X

Home Number

Mobile Number

Email

3. CURRENT EMPLOYMENT

Country

Place of Employment

Period of Work Experience

Less than 5 years Less than 10 years Less than 15 years

More than/Equal to 15 years

Position (Please Tick✓)

Registered Nurse Unit Manager Associate Unit Manager

Nurse Educator Clinical Nurse Specialist Clinical Educator

Other (Please Specify)

4. PREVIOUS QUALIFICATIONS ACHIEVED

(Including Bridging Preparatory Studies, English Language Programs, Tertiary Studies, Certificate/ Advanced Certificate /Trade/Traineeship or other studies, or Post-Secondary Qualifications)

Name of Program/Qualification	Start Date (MM/YY)	Completion Date (MM/YY)	Institution	Country	Language of Instruction

5. LIST OF COURSES

Professional Development Course of Interest (Please Tick✓)

- | | | |
|-----------------------|--------------------------|------------------------|
| Critical Care Nursing | Orthopaedic Nursing | Gerontological Nursing |
| Paediatric Nursing | Emergency and Trauma | Perioperative Nursing |
| Renal Nursing | Modules (Please Specify) | |

Course Start Date (Please Tick✓)

- | | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

Delivery Mode (Please Tick✓)

- | | |
|------------------------------|------------------------------|
| Full Time (12 Weeks), Online | Part Time (24 Weeks), Online |
|------------------------------|------------------------------|

6. ABOUT IHM

How did you hear about IHM? (Please Tick✓)

- Online
- Friend/Relative
- Magazine/Advertisement
- Other Please Specify:

I agree that IHM may take my photo/video footage and collect details of achievements and feedback that may be used for promotional purposes

Agree Disagree

7. IHM/IHNA STUDENT DETAILS

Have you previously studied at IHM/IHNA? (If yes, please specify Student ID)

Yes No

8. PAYMENT DETAILS

Please make payment of \$900 payable to:

INSTITUTE OF HEALTH AND MANAGEMENT PTY LTD

ABN: 19 155 760 437

ACN: 155 760 437

Credit Card Details

Card Number:

Expiry Date:

CVV:

MasterCard

Visa

Name on Card:

Signature:

Date:

Please email the completed application form to enquiry@ihm.edu.au

Head Office: Level 1, 76 – 80 Turnham Avenue, Rosanna, Victoria 3084, Australia

Contact Number: 03 9455 4400

To see our refund policy, please go to <https://www.ihm.edu.au/policy/?id=35> for details.