



## Application to Visit the Centre

|   |  |
|---|--|
| Name  |  |
| Organisation name and address   |  |
| Contact details (telephone, fax, email)                                     |  |
| Intended date and time of the visit (please advise of more than one option) |  |
| Proposed length of the visit  |  |
| Reason for the visit (brief outline required)                               |  |
| Main goals  | <input type="checkbox"/> Establishment of a skills centre in your organization<br><input type="checkbox"/> See the facility<br><input type="checkbox"/> Meet key staff (please specify)<br><input type="checkbox"/> Find out about specific techniques and technology at the centre (please specify)<br><input type="checkbox"/> Observe training<br><input type="checkbox"/> Other (please specify) |
| Educational areas of interest at SCSSC                                      | <input type="checkbox"/> Clinical skills<br><input type="checkbox"/> Postgraduate surgical training<br><input type="checkbox"/> Immersive simulation<br><input type="checkbox"/> Communication training<br><input type="checkbox"/> Performance assessment   |
| Target learning groups you are interested in                                | <input type="checkbox"/> Medical students<br><input type="checkbox"/> Prevocational doctors<br><input type="checkbox"/> Vocational medicine (please specify)<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Multi-professional education<br><input type="checkbox"/> Other (please specify)   |
| Particular questions to be answered   |  |
| People you wish to meet   |  |
| Special needs   |  |

Return your completed application form to Ms Sue Wulf at [swulf@nscchahs.health.nsw.gov.au](mailto:swulf@nscchahs.health.nsw.gov.au). Further enquires may be directed to this email or phone 02 99264619  
 Please ensure you have read the advice to visitors that is available on our website