

# Enrolment Form



## NSW HOSPITAL SKILLS PROGRAM



IMET  
NSW Institute of  
Medical Education  
and Training

The information collected in this form is for use by the Area Health Service for the management of the participants' progression through the Hospital Skills program. Information will be collected and stored in accordance with the Privacy and Personal Information Protection Act 1998.

The form may be submitted via:

- Email to [mgizzi@nsccha.health.nsw.gov.au](mailto:mgizzi@nsccha.health.nsw.gov.au)
- Fax to (02) 9926 6755 Attention: Marcello Gizzi

### PART 1: PERSONAL INFORMATION

SURNAME	FIRST NAME	MIDDLE INITIAL
CONTACT ADDRESS		
SUBURB	STATE	POSTCODE
EMAIL		
TELEPHONE	MOBILE	

### CURRENT EMPLOYMENT

#### CURRENT POSITION

CURRENT AREA HEALTH SERVICE			
CURRENT PRIMARY HOSPITAL OR INSTITUTION OF EMPLOYMENT		FULL TIME EQUIVALENT HOURS	
DEPARTMENT			
AWARD DESIGNATION AND LEVEL			
OTHER HOSPITALS OF EMPLOYMENT (OTHER THAN FOR LOCUM WORK)			
DO YOU ALSO DO LOCUM WORK?			
DO YOU SPECIALISE IN ONE DISCIPLINE (E.G. EMERGENCY OR MENTAL HEALTH)? PLEASE SPECIFY.			

