



## Registration Form Annual Immunisation Education for Authorised Nurse Immunisers

<b>Name:</b>		<b>Authorised immuniser?</b>	<b>YES</b>		<b>NO</b>	
* Send evidence of immunisation authorisation to fax: 49246490, if not previously provided						
<b>Place of Work &amp; Address:</b>						
<b>Unit (if applicable) eg Child &amp; Family:</b>						
<b>Payroll number</b>						
<b>Home Postal Address: (include postcode)</b>						
<b>Contact details:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>Email:</b>						

**Education Date:** \_\_\_/\_\_\_/\_\_\_    **Venue:**

**FAX HNE UPDATE REGISTRATION TO: 4924 6490**  
**FAX HUML UPDATE REGISTRATION TO: 4925 2268**

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**PLEASE SEND PAYMENT TO: Population Health, Immunisation Unit, Locked Mail Bag 10, Wallsend NSW 2287**

Program fee \$60.00 non-HNELHD employees & non-Practice Nurses

- I am an employee of HNELHD or a practice nurse OR  
 I am an authorised nurse immuniser working in the private sector

Please forward registration form and payment at least one month prior to your course date.

- Please find my cheque / money order for \$60.00

(Please make cheques payable to *Hunter New England Local Health District*)

- I wish to pay by credit card :     VISA     MASTERCARD     BANKCARD

Card Number:     Card Expiry Date:  /

Name on card  (Please print)    Signature: \_\_\_\_\_

**Tax Invoice:**    This document serves as a tax invoice for GST purposes after payment.

Office use ONLY:	Date received: ..... / ..... / .....
Cheque A/c Name: .....	Cheque A/c No.: .....