

Head Office: Immunisation Unit Wallsend

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**Tamworth Office** Ph: (02) 6767 8653 Fax: (02) 6766 3003

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Tamworth Office – [Peter.Massey@hnehealth.nsw.gov.au](mailto:Peter.Massey@hnehealth.nsw.gov.au)

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Immunisation Administration - [Penny.Cox@hnehealth.nsw.gov.au](mailto:Penny.Cox@hnehealth.nsw.gov.au)

## Pre-authorisation Immunisation Workshop

Hunter New England Health Immunisation Unit conducts free pre-authorisation workshops to assist & support those undertaking the College of Nursing Immunisation Course for Registered Nurses, by external study.

### Objective

Practical support to understand requirements of the course questions, to enable completion in own your time to the standard required by the College of Nursing. The workshop will assist you to:

- Understand and access relevant resources in order to adequately answer the questions
- Identify key components of questions and what you should focus on in your responses
- Understand referencing and academic writing to meet College of Nursing course requirements

### Workshop Details

**Hours** – times may vary for different venues and the number of nurses in the group. You will be notified of workshop length (1 or 2 days) when your registration is confirmed.

Patrick Cashman  
Area Immunisation Coordinator, HNEAHS

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## Registration Form Hunter New England Pre-authorisation Immunisation Workshop

**Supporting the College of Nursing Immunisation Course for Registered Nurses**

Please forward registration form at least one month prior to your course date to:

Immunisation Coordinator  
Hunter New England Population Health  
Locked Mail Bag 10  
Wallsend NSW 2287

OR Fax (02) 4924 6490

For further information please contact Ms Penny Cox on Ph (02) 4985 5212

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<b>I wish to register for the following 1-2 Day Immunisation Workshop</b>			
Date(s):			
Location:			
Candidate's Surname:			
Candidate's Given Name:			
I have enrolled in the Immunisation Course for Registered Nurses through The College of Nursing YES/NO			
Workplace:		Unit (if applicable):	
Address:			
Suburb:			Postcode:
Home Postal Address:			
Suburb:			Postcode:
Contact Phone:	Work:	Home:	Work Mobile:
Home Mobile:		Email:	
<b>Candidates' Signature</b>			

**RSVP:** Ms Penny Cox: Fax: 49246490 OR Email: [penny.cox@hnehealth.nsw.gov.au](mailto:penny.cox@hnehealth.nsw.gov.au)