



Application for Pre-Approval to Attend a Course Not Offered By Oxley

PLEASE NOTE:

Oxley may be willing to provide reimbursement to members for professional development courses or seminars not offered by Oxley. This form is your application to seek prior approval to attend a course not offered by Oxley. An approved pre-approval form is required **before attending a course** and seeking reimbursement from Oxley.

I, _____ (print full name) hereby apply for pre-approval to attend a course.
I understand that the course must be pre-approved by Oxley Nursing Service before reimbursement will be considered. Pre-approval must be obtained at least 4 weeks prior to attending the course.

Course Pre-approval & Reimbursement will be processed as below:	OFFICE USE ONLY		
	YES	NO	
1. Current Membership with Oxley Nursing Service or Oxley HealthCare Recruitment.	<input type="checkbox"/>	<input type="checkbox"/>	
2. An approved "Application for Pre-approval to Attend a Course".	<input type="checkbox"/>	<input type="checkbox"/>	
3. Oxley has proof of current annual mandatory competencies and satisfactory Nurse Performance Feedback Form.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Must be currently working with Oxley at the time of each application.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Hold a current Criminal Record Check within last 3 years or current Blue Card.	<input type="checkbox"/>	<input type="checkbox"/>	
Criteria applies only to reimbursement:			
6. Have membership renewal complete.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provided a copy of the Course attendance / Competency certificate.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provided the Original Course Receipt (for our records).	<input type="checkbox"/>	<input type="checkbox"/>	
9. Written submission (a short statement) on the outcomes of the course	<input type="checkbox"/>	<input type="checkbox"/>	

COURSE INFORMATION:

Designation (RN / EN / EEN/ AIN / Other) _____ (print designation)

Course Title: _____

Course Provider: _____

Course Date: _____ Course cost: \$ _____

Signature: _____ Date: _____

APPLICANT DETAILS FOR PRE-APPROVAL

Postal Address: _____

Postcode: _____

Note: Approval is subject to availability. Oxley reserves the right to accept or reject any "Applications for Pre-approval to attend a course". Oxley members will only be reimbursed when pre-approval has been obtained and minimum criteria met (as above). Courses must be directly related to professional development of the member.

OFFICE USE ONLY:

Course Pre-approval obtained?	<input type="checkbox"/> Yes Full \$ _____	<input type="checkbox"/> Yes Part \$ _____	<input type="checkbox"/> No	Initials:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>		
Member Advised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advised Date:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>		Initials:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>	
Computer Entry:	Initial Spreadsheet Entry:	Date:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>		Initials:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>	
	Fast Track Entry:	Date:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>		Initials:	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td></tr> </table>	
Mandatory Competencies Expiry Date:	<table border="1" style="width: 100px; height: 30px;"> <tr><td> </td></tr> </table>		Date:		Cost:		
Courses attended in last 12months:	Name:						
	Name:						
	Name:						