

Wound Management Resource Program Application Form

Section 4: Employment Details

Place of Employment: _____

Clinical Speciality: _____

Your role/position: _____

Section 5: Other Information

How did you learn about WLE Wound Management Resource Program? Please tick all that apply.

WLE website/ Facebook

Information from workplace / colleagues

Wounds Australia website

APNA website

Professional organisation or journal advertisement (please specify) _____

Other (please specify) _____

Section 6 Policies:

Cancellation and Refund Policy:

Course fees are non refundable.

William Light Education reserves the right to cancel or postpone the program. Under these circumstances a full refund will be issued to students.

All applications to withdraw or modify enrolment in this program must be made in writing to William Light Education.

Privacy Policy:

William Light Education collects student personal information for administrative use only.

Information about WLE courses and promotions may be sent to previous students using the contact information provided. Students have the right to state that they don't want to receive this information. Please indicate below if you do not want to receive this information.

I Do Not wish to receive information about other WLE courses

Section 7: Declaration and Application Checklist

Declaration agreement:

1. I declare that the information submitted with this application is complete and true.
2. I acknowledge that I have read the cancellation, refund and privacy policy and agreed to the terms and conditions stated.

Please scan and return this application form
via email to: info@wle.edu.au
or by post to: William Light Education
PO Box 407
Norwood South 5067

Signature of applicant _____ Date _____

Office Use Only:

Date Received: _____ Signature _____