

## 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 Health Services 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 Health Services or Oxley Staffing Services.	<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 <b>Original</b> 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?  Yes Full \$ \_\_\_\_\_  Yes Part \$ \_\_\_\_\_  No Initials:

Member Advised:  Yes  No Advised Date: 



 Initials:

Computer Entry: Initial Spreadsheet Entry: Date: 



 Initials:

Fast Track Entry: Date: 



 Initials:

Mandatory Competencies Expiry Date: 



 Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Courses attended in last 12months:	Name:		
	Name:		
	Name:		