



# Reimbursement Form Authorised Nurse Immuniser Course Fee

This form is to be used when requesting a reimbursement for the course fee incurred to become an Authorised Nurse Immuniser in NSW.

### YOUR DETAILS

<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>		<b>EMAIL ADDRESS:</b>	

### PAYMENT DETAILS

<b>ACCOUNT NAME:</b>			
<b>BSB NUMBER:</b>			
<b>ACCOUNT NUMBER:</b>			
<b>AMOUNT:</b>	\$		

### DECLARATION

**I HEREBY ACKNOWLEDGE THAT:**

- COORDINARE - SOUTH EASTERN NSW PHN ARE REIMBURSING THE ABOVE AMOUNT AND I UNDERSTAND THIS COST CANNOT BE CLAIMED FURTHER FOR EITHER GST OR PERSONAL INCOME PURPOSES; AND
- I HAVE NOT PREVIOUSLY CLAIMED REIMBURSEMENT FOR THE FULL OR PARTIAL COST OF THIS TRAINING THROUGH OTHER MEANS; AND
- I AM CURRENTLY REGISTERED WITH THE NURSING AND MIDWIFERY BOARD OF AUSTRALIA AS A REGISTERED NURSE OR MIDWIFE; AND
- I AM CURRENTLY EMPLOYED IN GENERAL PRACTICE OR RESIDENTIAL AGED CARE IN [SOUTH EASTERN NSW](#); AND
- I COMPLETED ONE OF THE HESA ACCREDITED COURSES [LISTED HERE](#); AND
- I COMPLETED THE COURSE IN THE 2024 YEAR; AND
- I HAVE ATTACHED THE COURSE PROVIDER'S RECEIPT AND CERTIFICATE OF COMPLETION.

<b>SIGNATURE:</b>			
<b>DATE:</b>			

### FOR OFFICE USE ONLY

<b>APPROVED BY:</b>		<b>APPROVAL DATE:</b>	
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