



# Wound Management Resource Program Application Form



## Section 5: Education Details

Please detail the previous highest healthcare education completed. You may include other healthcare qualifications if you wish.

Qualifications	Name of School/College/ University	Year completed

## Section 6: Other information

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

- WLI website/ Facebook  Professional organisation or journal advertisement
- Information from workplace /colleagues  Wounds Australia website
- Other \_\_\_\_\_

## Section 7: Declaration and Application Checklist

### Declaration agreement:

1. I declare that the information submitted with this application is complete and true.
2. I authorise the Institute to verify my academic and professional qualifications, and work experience.

Return this application to: **The William Light Institute**  
Level 1, 211 Pulteney Street, Adelaide, Australia 5000  
Phone: +61 8 8223 2544  
Email: admissions@wli.sa.edu.au

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## Cancellation and Refund Policy:

Course fees are non refundable.

The William Light Institute 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 in writing to The William Light Institute.

## Privacy Policy:

The William Light Institute collects student personal information for administrative use only.

Information about WLI course 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.