

Electives selection form

Graduate Diploma of Applied Pharmacy Practice

V5.0
2017

Student Name: _____

Qualification **10373NAT Graduate Diploma of Applied Pharmacy Practice**

Please select **2** of the elective units of competency from the list provided:

- | Code | Title |
|-------------------------------------|---|
| <input type="checkbox"/> APPIMM806A | Manage the delivery and administration of injections and immunisations* |
| <input type="checkbox"/> BSBSUS501 | Develop workplace policy and procedures for sustainability |
| <input type="checkbox"/> BSBMGT502 | Manage people performance |
| <input type="checkbox"/> BSBINM501 | Manage an information or knowledge management system |
| <input type="checkbox"/> TAELED703A | Implement improved learning practice |

*This elective unit will require you to attend a face-to-face assessment workshop; you will be provided with available dates applicable to your state upon enrolment processing. Please note that evidence of successful completion of the online pre-reading pre-requisite component must be completed prior to your attendance at the workshop.

Please enrol me in the selected units of competency as indicated above.

Signed: _____

Date: _____