



Application Form

for Contemporary nursing in Australia: Orientation and assessment of competence program

Registered Nurse

Enrolled Nurse

Midwife

Program no. _____ Dates _____

Name as appears on Nurses and Midwives Board of NSW referral letter _____

Nurses and Midwives Board referral letter – date of expiry _____

Title (Mr/Mrs/Miss/Ms): _____ Date of birth _____

Surname _____ Previous surname(or alias) _____

Given names _____

Australian address _____ Post code _____

Overseas address (if applicable) _____

For applicants with short stay visas state which suburb you will be residing in for the duration of the program. _____

Telephone _____ Mobile _____

Email _____

Details of authorised agent* (if applicable)

Name _____ Phone _____

Email _____

You are required to undertake a 15–20 day hospital placement. Please indicate your first and second preference for hospital (if known).

1. _____ 2. _____

I consent to the undertaking of a criminal record check in relation to my placement in the course.

Applicant's signature _____ Date _____

Note: Please include the following documents with this application: (1) original and current Nurses and Midwives Board referral letter; (2) certified copy of results of English language test(s); (3) certified copy of visa or citizenship certificate; (4)* authority to transact business (if applicable). No other documents are required.

Nursing and/or midwifery qualifications

Course Name	Country Obtained	Institution	Year Completed

Nursing employment history (include last four positions and begin with most recent)

Employer	Country	Position Held	Status*	Full/Part Time	From-To

* **Note:** under 'status': please specify the capacity in which you were employed (e.g. registered nurse, enrolled nurse, assistant in nursing).

See over...

Other courses attended since arriving in Australia (e.g. English language courses, TAFE courses, seminars, etc.)

Application/program fee for fee paying students

Please find enclosed my cheque/money order for the sum of AUD\$ _____ made payable to The College of Nursing.

Please debit my: Mastercard Visa AMEX Amount \$ _____

Card No Expiry date _____

Cardholder's name _____ Cardholder's signature _____

PLEASE POST OR FAX YOUR COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTS TO:
Administrative Services, The College of Nursing, Locked Bag 3030, Burwood NSW 1805
Telephone (02) 9745 7500 • Facsimile (02) 9745 7501 • Email: csc@nursing.edu.au

Cancellation and Refund Policy

All courses are subject to a non-refundable application fee to cover administration costs. The amount of the application fee is 10% of the course cost or \$25 (whichever is the greater) to a maximum of \$450. Please choose your course carefully. The College cannot accept responsibility for changes in work release or personal circumstances. Students paying for their own air fares are advised to obtain travel insurance to cover potential losses in the event of course cancellation. Refunds will only be given where a minimum of ten working days notice is given of withdrawal from a course. Students are not eligible for a refund when they have transferred from another course for which they did not give the required notice. The College reserves the right to cancel or postpone any course at any time for any reason as determined by the College. Where the College cancels a course, the full course fee, including the application fee, will be refunded.

PRIVACY ISSUES: The College of Nursing collects your personal information for administrative use and to provide you with information about our activities and promotions. Please let us know if you do not wish to receive such information. You can gain access to your personal information by contacting the College's privacy officer on 9745 7500.