



# The College of Nursing

ABN 43 000 106 829

## Enrolled Nurse Application Form

### Part A

#### 1. Course applying for

Name of course .....

Specialty module (if applicable) .....

Course code.....

Course commencement date .....

Course completion date.....

Tick the box below indicating course fee payment option:

I am employed by a NSW Health public facility and seek a NSW Department of Health funded position (if available)

I am a privately-funded applicant

### Part B

#### 2. Applicant's details

The name on your application must be *as it appears on your Authority to Practise*

Title (Miss, Ms, Mrs, Mr) ..... Initial..... First name ..... Surname .....

Date of birth..... Gender (M/F)..... Previous name or alias .....

	Work	Home
Telephone #		
Mobile #		
Facsimile #		
Email address		

Please print clearly, indicating any underscore if present.

Are you of Aboriginal or Torres Strait Island origin?  Yes, Aboriginal  Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander  No

Postal address..... Postcode.....

Work address..... Postcode.....

Home address (if different from postal)..... Postcode.....

Enrolment Number ..... Expiry date .....

#### **N.B. The following documents must accompany your completed application form:**

- a copy of your current authority to practise, with medication endorsement
- a copy of your Advanced Certificate or Certificate IV in Nursing (Enrolled Nurse).

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July 2009

**3. Current work details**

Employing hospital or agency .....

Address .....

Ward/Unit/Department .....

Category/position title .....

Current employment status:  Full time       Part time       Casual       Not employed

Length of time in current position ..... Number of previous applications for this course .....

Ward/Unit or facility (Briefly describe the size, work and operation of the unit)

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**4. Nursing qualifications and experience (Certificates, Diplomas, Degrees etc)**

Course Name	Institution	Date Completed
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**5. Other qualifications (e.g. Bachelor of Arts)**

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Are you currently enrolled in a tertiary program? (include those on deferment) .....  Yes     No     Deferred

Have you ever enrolled in a program of study or distance education course at the College of Nursing? .....  Yes     No

Did you successfully complete this course? .....  Yes     No

Name of course and date of completion .....

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**6. Application for recognition of prior learning (RPL)**

Are you seeking RPL towards this course on the basis of previous learning, life and/or work experiences?

Yes     No

If yes, please provide the following details:

Name of subject successfully completed	Institution where the study was undertaken	Date completed	Name of the College subject for which you seek credit

Please provide certified copies of course transcripts with your application. If the study for which you seek credit was not undertaken with the College of Nursing please provide a copy of the subject outline, learning outcomes and assessment requirements.

Refer to the Student Guide and General Course Regulations on the College website for specific information.

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### 7. Relevance of this course to your work

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Write a brief description of your current role and responsibilities.

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### 8. Employment history (Last 5 years ONLY)

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Start with present position highlighting nursing employment history relevant to this course. Use only the space provided and do not attach additional sheets.

Employer	Ward/Unit/Department	Position	From	To

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### 9. Applicant's declaration

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Details of the course you are applying for are available in the current Student Handbook which is located on the College website [www.nursing.edu.au](http://www.nursing.edu.au)

I consent to a criminal record check if I am required to undertake a clinical placement in a NSW Department of Health facility as a compulsory component of this course (if applicable).

I give consent for the College to discuss my progress in this course with the health care facility liaison person.

I have attached a copy of my current Authority to Practise and Enrolled Nurse Certificate.

I understand that my application will not be processed if I have not supplied appropriate documentation.

I have read and understand my obligations as a student. I agree to arrange release from work to attend any compulsory on-campus or clinical components (if applicable).

I have read and understand my obligation regarding payment of course fees.

Applicant's signature ..... Date .....

#### Privacy Issues

The College of Nursing collects your personal information for administrative use, for the purposes of course evaluation (up to 5 years after the completion of a course) 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.

**Part C**

**10. Nursing Unit Manager’s recommendation**

.....  
 .....  
 .....  
 Signature ..... Date.....  
 Name (please print).....

**11. Hospital Director of Nursing and Midwifery/Health Service Manager recommendations**

- I do not support this application.
- I support this application

Please indicate the order of priority this application receives. You must not assign the same priority to more than one applicant from your institution/facility for a given course.

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th

**All applications regardless of priority or level of support must be submitted to your Area Health Service.**

Signature ..... Date.....  
 Name (please print).....

**Release to attend course**

Details of the course are available in the current Student Handbook which is located on the College website [www.nursing.edu.au](http://www.nursing.edu.au)

Can this applicant be released from your hospital or agency to attend any compulsory on-campus or clinical components if selected?

- Yes
- No

Name (please print) ..... Title.....  
 Signature ..... Date.....

**13. Area Director of Nursing and Midwifery Priority: AHS Priority**

*(For NSW Department of Health funded applicants only)*

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th

Name.....  
 Title.....  
 Signature.....  
 Date.....

