



Breast Care Nurse Practicum Application Form

1. Indicate Practicum (put in order of preference)

1. Course commencement date Course completion date
2. Course commencement date Course completion date

2. Applicant's details

Title (Miss, Ms, Mrs, Mr, etc)Surname

First name.....Previous surname (or alias)

Home address

..... Postcode.....

Telephone (H)..... (W)..... Ext Email.....

Date of birth.....

Are you of Aboriginal or Torres Strait Island descent? Yes No

If yes, please specify

A copy of your current Authority to Practise as a Registered Nurse must accompany your completed application form.

I consent to the undertaking of a criminal record check in relation to any clinical placement required by the College.

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.

3. Current employment details

Name of Area Health Service/New Children's Hospital/Corrections Health Service

Address of Area Health Service.....

.....

Employing Hospital or Agency.....

Ward/Unit/Department.....

Category/Position title.....

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)

.....

.....

.....

4. Nursing qualifications (Certificates, Diplomas, Degrees)

Course name	Institution	Date completed
-------------	-------------	----------------

.....

.....

.....

Have you ever enrolled in a course at The College of Nursing? Yes No

Did you successfully complete this course? Yes No

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

.....

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 and assessment requirements.

5. Relevance of this practicum to your work

Write a brief description of your current role and responsibilities.

.....

.....

.....

6. Employment history (Last 5 years ONLY)

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
----------	----------------------	----------	------	----

.....

.....

.....

.....

.....

Applicant's signature Date

7. Nursing Unit Manager's recommendation

.....

.....

Signature Date

PLEASE NOTE**SUCCESSFUL APPLICANTS WILL BE NOTIFIED BY MAIL**

The College reserves the right to cancel or postpone any course at any time or for any reason as determined by the Board.
Students paying for their own air fares are advised to obtain travel insurance to cover potential losses in the event of course cancellation.

Applications must be forwarded to:
Administrative Services, The College of Nursing
Locked Bag 3030, BURWOOD NSW 1805