



The College of Nursing *creating nursing's future*

**EN: Medication management course  
Application form**

**Please complete all parts of this form:  
Parts A to E**

**Part A: Course and applicant details**

Course number .....

Course dates (commencement) .....

**Tick the box below indicating course fee payment option:**

- I am employed by a NSW Health public facility and seek a NSW Health Department funded position
- I have been issued with a NSW Health Department scholarship
- I am a fee paying applicant

Full name (as your name appears on the Roll at the Nurses and Midwives Board of NSW)

.....

Ms/Mrs/Miss/Mr .....

First name/s .....

Surname .....

Date of birth .....

Postal address .....

..... Postcode .....

Telephone (H)..... (W).....

(Mob) .....

Email .....

Nurses and Midwives Board of NSW Authority to Practise No.

..... Expiry date.....

Area Health Service where employed (if applicable) .....

.....

Name and address of health care facility where you work

.....

.....

Name of ward/unit where you work .....

**Please enclose a photocopy of your current authority to practise (receipt) and a copy of your Certificate IV in Nursing (Enrolled Nurse) or Advanced Certificate in Nursing (Enrolled Nurse).**

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

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

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

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

**Part B: Information pertaining to the clinical component of the course**

Enrolled nurses undertaking the EN: Medication Management course are required to undertake 40 hours of supernumerary clinical experience.

The clinical experience can only be undertaken in health care facilities approved by The College of Nursing to provide the clinical education for medication administration for enrolled nurses. The College uses standards developed by the Nurses and Midwives Board of NSW in the process of granting approval to facilities.

During this period the enrolled nurse will undertake course activities including observation and practice and assessment in the administration of medication by the following routes:

- oral
- intramuscular or subcutaneous
- intravenous.

Health care facilities must have policies in place which allow enrolled nurses to function at this level. Documentary evidence of these policies would have been forwarded to the College as part of the approval process for health care facilities.

Enrolled nurses undertaking clinical placement must be covered for worker's compensation and public liability (including professional indemnity) insurance by their employer or alternative clinical provider. The College takes no responsibility for providing this insurance cover.

Health care facilities may make arrangements for enrolled nurses to undertake all or part of the clinical requirements of the course in an alternate College of Nursing approved facility.

NOTE: Should the approved facility be unable to provide the enrolled nurse with experience in intravenous medication management, simulated clinical assessment may be negotiated with the College.

**Clinical assessor**

The Director of Nursing or delegate can nominate a registered nurse, who meets the criteria below, to conduct the clinical assessments associated with the course. The College will liaise with the nominated assessor to confirm that they are eligible to become an assessor. Selected clinical assessors must be oriented to the course and assessment requirements prior to undertaking the role.

The clinical assessor must hold:

- a Certificate IV in Training and Assessment (TAA40104), or
- Certificate IV in Assessment and Workplace Training (BSZ98), or
- the three units of competency pertaining to assessment in either of the above qualifications.

**Privacy issues**

The College of Nursing collects your personal information for administrative use, for the purposes of course evaluation (up to 5 years after 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: Authorisation

This section to be completed by Director of Nursing or delegate where enrolled nurse is employed

Please complete the following after reading Part B:

Yes No N/A

- I agree to support this enrolled nurse to undertake the 40 hours supernumerary clinical experience associated with the EN: Medication Management course (this implies the enrolled nurse has insurance coverage)
- The health care facility is approved by The College of Nursing to provide the clinical education for medication administration for enrolled nurses
- There are policies in place that allow enrolled nurses to undertake the medication administration requirements of the course within the facility
- I have nominated a clinical assessor in Part D of this form who meets the criteria in Part B
- OR Arrangements have been made as noted below for the enrolled nurse to undertake all/ part of the clinical experience and assessment in an alternate health care facility

Health care facility .....

Name (please print name) .....

Designation (eg Director of Nursing, Manager Area Health Service).  
.....  
.....

Signature ..... Date.....

**This section to be completed by Director of Nursing or delegate of ALTERNATE health care facility (if applicable)**

Please complete the following after reading Part B:

Yes No

- The health care facility is approved by the College of Nursing to provide the clinical for medication administration for enrolled nurses
- There are policies in place that allow enrolled nurses to undertake the medication administration requirements of the course within the facility.
- I have nominated a clinical assessor in part D of this form who meets the criteria in Part B
- I agree to support the above enrolled nurse to undertake the clinical experience and assessment (insurance arrangements are in place).

Health care facility .....

Number of hours enrolled nurse will be attending (please tick one)

- 40 hours of full assessment OR
- minimum of 16 hours for IV experience/assessment.

Name (please print name)  
.....

Designation (eg Director of Nursing, Manager Area Health Service).  
.....

Signature ..... Date.....

### Part D: Clinical details

This section to be completed by the provider of the clinical experience for this enrolled nurse

#### Clinical liaison person

Name .....

Position .....

Phone .....

Email .....

Ward(s)/unit(s) where enrolled nurse will undertake clinical and type of medication experience available

Ward/Unit .....

Oral  Yes  No

SC/IM  Yes  No

IV  Yes  No

Ward/Unit (If applicable).....

Oral  Yes  No

SC/IM  Yes  No

IV  Yes  No

Nominated clinical assessor(s) and contact number  
.....  
.....  
.....

Has the nominated assessor been oriented to the College of Nursing EN: Medication Management course and the clinical objectives and assessments?

Yes

No, please liaise with nominated clinical assessor

The College will liaise with the nominated assessor to confirm qualifications in workplace assessment and orientation to the course and their role.

*continued over*

Name and designation of person authorising clinical placement  
(please print)

.....

Signature ..... Date .....

Contact details .....

This section to be completed by the alternative health care facility  
(if applicable)

Name and designation of person authorising clinical placement  
(please print)

.....

Signature ..... Date .....

Contact details .....

Name of Health care facility

.....

Ward(s)/Unit(s) where enrolled nurse will undertake clinical  
and type of medication experience available

Ward/Unit .....

Oral  Yes  No

SC/IM  Yes  No

IV  Yes  No

Ward/Unit (If applicable).....

Oral  Yes  No

SC/IM  Yes  No

IV  Yes  No

Clinical liaison person

Name .....

Position .....

Phone .....

Email .....

Nominated clinical assessor(s) and contact number

.....

.....

.....

Has the nominated assessor been oriented to the College of  
Nursing EN Medication Management course and the clinical  
objectives and assessments?

Yes

No, please liaise with nominated clinical assessor

## Part E.

Prior to submitting this application form, ensure that you have  
completed and enclosed all of the requirements. Use the following  
checklist to confirm your application is complete:

I have completed and signed Part A

I have enclosed a copy of my practising certificate

I have enclosed a copy of my Certificate IV Nursing  
(Enrolled Nurse) or equivalent

Part C has been completed and signed by the Director  
of Nursing where I work

Part C has been completed by the Director of Nursing at  
the alternative health care facility (if applicable)

Part D has been completed and signed

## Send your completed application form and supporting documents to...

**Customer Service Centre**

**The College of Nursing**

**Locked Bag 3030**

**BURWOOD NSW 1805**

**Tel (02) 9745 7500**

**Fax (02) 9745 7501**

Upon receipt of this application the College will contact the  
Director of Nursing and/or clinical liaison person to confirm these  
arrangements and finalise assessment details.