



# The College of Nursing

ABN 43 000 106 829

## Enrolled Nurse Enrolment Form (for privately-funded applicants)

### Part A

#### 1. Course details

Medication Management       Diploma Upgrade       Advanced Diploma in Nursing

If applying for the Advanced Diploma please indicate your specialty option

Aged Care       Critical Care       Mental Health       Perioperative Nursing

Course commencement     February       April       July       September

How did you hear about this course?     College handbook       College website       Advertising  
 From a nursing colleague       Other .....

### Part B

#### 2. Applicant's details

EN Registration number .....

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

Title (Miss, Ms, Mrs, Mr) ..... Surname ..... Given name .....

Date of birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ]      Gender     M     F      Previous name or alias .....

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

Residential address

Flat/Unit and or Street number ..... Street name .....

Suburb ..... State ..... Postcode .....

Postal address (if different from residential) ..... State ..... Postcode .....

	Work	Home
Telephone #	<input type="checkbox"/>	<input type="checkbox"/>
Mobile #	<input type="checkbox"/>	<input type="checkbox"/>
Facsimile #	<input type="checkbox"/>	<input type="checkbox"/>
Email address	<input type="checkbox"/>	<input type="checkbox"/>

Please print clearly, indicating any underscore if present and tick preferred contact.

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 .....

Applicant – Complete this section

**N.B. The following documents must accompany your completed enrolment 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)
- a copy of your transcripts of study.

**3. Current employment details**

Employing hospital or agency .....

Address .....

Ward/Unit/Department .....

Category/position title .....

Current employment status:     Full time             Part time             Casual

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 and experience (Certificates, Diplomas, Degrees etc)**

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

**5. Other qualifications (tick any applicable boxes)**

- Bachelor degree or higher             Advanced diploma or Associate degree             Diploma or Advanced Diploma  
 Certificate IV (or Advanced Certificate/Technician)             Certificate III or Trade Certificate  
 Certificate II             Certificate I             Certificate other than above             No

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 .....

**6. Relevance of this course to your work**

Write a brief description of your current role and responsibilities.  
 .....  
 .....  
 .....

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**7. 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.

<b>Employer</b>	<b>Ward/Unit/Department</b>	<b>Position</b>	<b>From</b>	<b>To</b>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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**8. 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 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 AHPRA Registration, Enrolled Nurse Certificate and transcript of study.

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).

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

9. Nursing Unit Manager’s recommendation

.....  
.....  
.....  
.....

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

Name (please print) .....

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

I do not support this application.

I support this application

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 .....

## Part D

### Information about 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.

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 relating to assessment in either of the above qualifications.

## Part E

### Authorisation

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

Please complete the following after reading Part D:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		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)
<input type="checkbox"/>	<input type="checkbox"/>		The health care facility is approved by The College of Nursing to provide the clinical education for medication administration for enrolled nurses
<input type="checkbox"/>	<input type="checkbox"/>		There are policies in place that allow enrolled nurses to undertake the medication administration requirements of the course within the facility
<input type="checkbox"/>	<input type="checkbox"/>		I have nominated a clinical assessor in Part F of this form who meets the criteria in Part D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>OR</b> Arrangements will be made for the enrolled nurse to undertake all/part of the clinical experience and assessment in the following health care facility

Health care facility .....

Name (please print name) .....

Designation (eg Director of Nursing, Manager Local Health District).  
.....  
.....

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

**Part F**

**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.

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

.....

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

Contact details .....

On 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.

**Part G**

Please 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 D has been completed and signed

**Forward this form to your Nursing Unit Manager**

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## **NSW Health supported applicants – Selection and notification procedures**

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**Hospital priority** You and your Nursing Unit Manager must complete the relevant sections, and must forward the enrolment form to your Director of Nursing and Midwifery or Health Service Manager **two weeks before the advertised closing date** who will decide whether you can be released to attend the course and the hospital order of priority for applications.

**Local Health District priority** All applications must then be forwarded to the Local Health District Director of Nursing and Midwifery/ Local Health District Directors of Nursing, Justice Health and The Children's Hospital Network by the **advertised closing date**. Priorities will be assigned to all applicants based on Local Health District needs.

**Selection of students** All enrolment forms will then be sent to The College of Nursing within two weeks of the advertised closing date. Selection is made by a committee according to the priorities assigned (provided the applicants meet the course entry criteria) and workforce needs.

**Notification of selection results** Applicants will be notified directly of the selection outcomes. Successful applicants will need to notify the College of their acceptance of a course place within the time specified following which they will be sent course materials and information. The Local Health District Directors of Nursing and Midwifery/Local Health District Directors of Nursing, Justice Health and The Children's Hospital Network will be advised of the selection outcomes when all course places are finalised.

**Questions about the process** Any queries you have about your application must be directed to your Local Health District Director of Nursing and Midwifery/Local Health District Directors of Nursing, Justice Health and The Children's Hospital Network.

**Refer to the College website at [www.nursing.edu.au](http://www.nursing.edu.au) for refund policy information.**

**PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM AND SUPPORTING DOCUMENTS TO:**

**Student Services Centre, The College of Nursing, Locked Bag 3030, Burwood NSW 1805**

**Telephone (02) 9745 7500 • Facsimile (02) 9745 7501 • Email: [ssc@nursing.edu.au](mailto:ssc@nursing.edu.au)**