



# The College of Nursing

ABN 43 000 106 829

## Enrolled Nurse: Perioperative Practice Program (Circulating and Instrument Nurse)

### Application Form

#### Part A

#### 1. Course applying for

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

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: A copy of your current Authority to Practise as an Enrolled and evidence of Medication Endorsement must accompany your completed application form.**

*continue over page*



**7. 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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**8. Course fees for privately-funded applicants**

**Course fees**

Course fees are payable on acceptance of a position in the course. You have the option of paying in full or two instalments. The second option incurs a non-refundable accounting fee of \$125.00. Failure to pay the second instalment will result in cancellation of course services. For further information please contact Customer Service Centre, The College of Nursing.

**9. Applicant’s declaration**

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.

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. Director of Nursing or Nursing Unit Manager’s recommendation**

Health care facilities/hospitals must have policies in place that will allow the Enrolled Nurse to function in the role of the circulating and instrument nurse within the operating suite environment (*e.g. Scope of Practice Policy Document: EN Instrument Nurse Role*).

In order to gain clinical experience in the role of circulating and instrument nurse during the duration of this course the Enrolled Nurse undertaking this program will need to be employed full time or part time (minimum 24 hours per week).

The Enrolled Nurse will undertake compulsory program activities including observation, practise and assessments in the role of the circulating and instrument nurse in the operating suite.

During the course, the Registered Nurse who has been designated as Clinical Facilitator will supervise the compulsory clinical activities and assessments for the Enrolled Nurse.

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

**11. Payment by employer (Complete this section ONLY if the employer is paying course fees)**

If course fees are to be paid by the employer, the authority below must be signed by the hospital administration/agency. Enrolment cannot be confirmed unless the total fee payable is authorised. An invoice will be sent on offer of placement in the course.

N.B. The College refund policy is outlined in the current Student Handbook or on the College website: [www.nursing.edu.au](http://www.nursing.edu.au)

Course fees in full will be paid by ..... Purchase order no. ....

Manager’s name (please print).....

Signature ..... Contact no.....

Postal address for invoice .....

..... Postcode.....

**12. Clinical Facilitator**

The Nurse Manager/Nursing Unit Manager of the operating suite must nominate a Registered Nurse who meets the criteria below to be the student’s clinical facilitator.

**Criteria for Clinical Facilitator:**

- must be a Registered Nurse
- must have experience in perioperative nursing in the role of the circulating and instrument nurse
- must be familiar with the health facility’s policies and the ACORN Standards related to all aspects of perioperative nursing
- must be supportive of Enrolled Nurses functioning in the role of the instrument nurse
- must be available to attend the two day Clinical Facilitator’s workshop at The College of Nursing that will cover the purpose of the Enrolled Nurse Perioperative Practice Program, intended learning outcomes, content and assessment methods
- must be aware of the ANMC National Competency Standards for the Enrolled Nurse
- must be aware of the Principles of Assessment of the ANMC National Competency Standards for the Registered Nurse and the Enrolled Nurse

**Nominated Clinical Facilitator:**

Title (Ms/Mrs/Miss/Mr)..... Surname..... First name.....

Designation .....

Postal address.....

..... Postcode.....

Telephone (H) ..... (W) ..... Ext ..... Mobile .....

Email .....

The above nominated facilitator has attended a previous facilitator’s workshop for this course on .....  
 (insert workshop date)

Clinical Facilitator’s signature: .....

Name (print): ..... Date .....

Nurse Manager/ Nursing Unit Manager signature: .....

Name (print): ..... Date .....

*Please forward completed form to Director of Nursing and Midwifery*

**Part D**

**12. Authorisation**

- I agree to support this Enrolled Nurse’s application to attend the 10 study days and to provide the clinical experience opportunities that are associated with the Enrolled Nurse: Perioperative Practice Program (Circulating and Instrument Nurse)
- The hospital/health care facility has local and area policies in place that will allow the Enrolled Nurse to function in the role of the circulating and instrument nurse within the operating suite environment.  
*(E.g. Area Scope of Practice Policy Document: EN Instrument Nurse Role)*
- I agree to release the nominated Registered Nurse to attend the 2 day clinical facilitator’s workshop.

**This applicant’s priority**

Please indicate the order of priority this application receives. You must not assign the same priority to more than one applicant from your hospital

**Hospital / Facility priority**

- 1st    2nd    3rd    4th    5th

**Part E**

**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 .....

## NSW Health funded applicants – Selection and notification procedures

**Hospital priority** You and your Nursing Unit Manager must complete the relevant sections, and must forward the application 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.

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

**Selection of students** All application 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 Area Directors of Nursing and Midwifery/Area Directors of Nursing, Justice Health and The Children's Hospital at Westmead 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 Area Director of Nursing and Midwifery/Area Directors of Nursing, Justice Health and The Children's Hospital at Westmead.

### Course fees

Course fees are paid by the New South Wales Department of Health for successful applicants who have applied through their Area Health Service. In addition, the New South Wales Department of Health provides salary supplementation for attendance at the on-campus and compulsory clinical components of the course, where applicable and this is paid directly to your Area Health Service.

### PLEASE NOTE

**All course application closing dates are clearly advertised in the Student Handbook which is available on the College website [www.nursing.edu.au](http://www.nursing.edu.au)**

- Applications must be received by your DON/HSM two weeks prior to advertised closing date
- Applications are forwarded by DON/HSM to Area DON/M and Area DON Childrens Hospital Westmead and Justice Health
- Area DON/M/DON Childrens Hospital at Westmead/Justice Health forward all applications to the College within two weeks of the advertised closing date.

### Applications must be forwarded to:

Customer Service Centre  
The College of Nursing  
Locked Bag 3030  
BURWOOD NSW 1805

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

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## Privately-funded applicants – Selection and notification procedures

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### Selection of Students

You must send your completed application form to The College of Nursing by the advertised closing date. Selection is made by a committee to ensure applicants meet the course entry criteria.

### Notification of Selection Results

You will be notified directly of the selection outcomes. Should your application be successful, you will need to notify the College of your acceptance of a course place within the time specified.

### PLEASE NOTE

**Applications must reach the College by the advertised closing date which is in the Student Handbook available on the college website [www.nursing.edu.au](http://www.nursing.edu.au)**

**Please forward your completed application form to:**

Customer Service Centre  
The College of Nursing  
Locked Bag 3030  
BURWOOD NSW 1805  
fax: 02 9745 7501

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**