

Additional Information Request Form

This form and additional information must be submitted within ten days of your application through SATAC.

PROGRAM DETAILS

Please indicate which program you wish to apply for by ticking the appropriate box.

- GRADUATE CERTIFICATE IN NURSING SCIENCE (APHERESIS NURSING)
- GRADUATE CERTIFICATE IN NURSING SCIENCE (EVIDENCE BASED PRACTICE)
- GRADUATE CERTIFICATE IN NURSING SCIENCE (HYPERBARIC NURSING)
- GRADUATE CERTIFICATE IN NURSING SCIENCE (INFECTION CONTROL)
- GRADUATE CERTIFICATE IN NURSING SCIENCE (RETRIEVAL NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (ACUTE CARE NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (ANAESTHETIC AND RECOVERY NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (BURNS NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (CARDIAC NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (COMMUNITY HEALTH AND PRIMARY CARE)
- GRADUATE DIPLOMA IN NURSING SCIENCE (EMERGENCY NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (EVIDENCE BASED PRACTICE)
- GRADUATE DIPLOMA IN NURSING SCIENCE (GERONTOLOGICAL NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (INFECTION CONTROL NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (INTENSIVE CARE NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (MENTAL HEALTH NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (ONCOLOGY NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (ORTHOPAEDIC NURSING)
- GRADUATE DIPLOMA IN NURSING SCIENCE (PERIOPERATIVE NURSING)
- MASTER OF NURSE PRACTITIONER*
- MASTER OF NURSING SCIENCE

* Subject to University of Adelaide approval

Mode of Study

Full-time

Part-time

On-campus

Off-campus

Proposed Study Start

Semester 1 – Year: _____

Semester 2 – Year: _____

APPLICATION PROCESS

Form and additional information must be lodged within ten days of application through SATAC to:

The Admissions Coordinator
Discipline of Nursing
THE UNIVERSITY OF ADELAIDE
AUSTRALIA SA 5005

APPLICANT DETAILS

PERSONAL DETAILS

SATAC Reference Number:

Title: Dr Mr Mrs Ms Miss Other

Family Name:

First Given Name:

Other Given Name(s):

Date of Birth:

Gender:

Male

Female

Have you previously been a student at the University of Adelaide?

YES

NO

If YES, what was your Student ID Number?

EMPLOYMENT DETAILS

ADDITIONAL INFORMATION

Please attach a detailed curriculum vitae specifying:

- Employment History
- Ongoing Clinical Practice
- Detailed evidence of 5,000 hours of clinical practice (Master of Nurse Practitioner only)
- Details of Professional Qualifications (e.g. current practicing certificate, academic transcript)
- Satisfactory completion of a medical fitness examination prior to commencement (if applicable)

CERTIFICATION BY DIRECTOR OF NURSING/NURSE MANAGER

(Master of Nursing, Evidence Based Practice and Infection Control Nursing students not applicable)

I certify that is currently employed in the position described above; that this organisation supports this application for entry into the Graduate Certificate/Graduate Diploma in Nursing Science in and that this organisation is prepared to provide clinical rotation and supervision (if applicable).

Name:

Signature:

Date:

Name and Address of Health Agency:

Street:

Suburb:

State:

Postcode:

STUDENT SIGNATURE

Name:

Signature:

Date: