Statement of Clinical Support

1. Personal Information



Faculty of Health Sciences GPO Box 2100 Adelaide SA 5001 Australia

Phone: +61 8 8201 2986 Fax: +61 8 8201 3905 www.flinders.edu.au

Applicant Name		
Address		
State	Post Code	
SATAC Ref No.		
Home Phone		
Mobile Phone		
Email		

Email				
ease indicate the Course admission is sought for:				
Master of Advanced Clinical Practice				
L Sections must be completed for consideration to the above course				
Graduate Certificate in Nursing (Critical Care Nursing)	Graduate Certificate in Nursing (Emergency Nursing)			
Graduate Diploma in Nursing (Critical Care Nursing)	Graduate Diploma in Nursing (Emergency Nursing)			
Master of Nursing (Critical Care Nursing)	Master of Nursing (Emergency Nursing)			
	Master of Mental Health Nursing (Emergency Nursing)			
nly Sections 1 and 3 must be completed for consideration into the above. Advanced Practice Experience (to be completed by control of the completed by control of the contr	Master of Advanced Clinical Practice Applicants only)			
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Advanced Practice Experience (to be completed by ovide details of how you have demonstrated your capacity to contri	Master of Advanced Clinical Practice Applicants only)			
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. Advanced Practice Experience (to be completed by ovide details of how you have demonstrated your capacity to contri	Master of Advanced Clinical Practice Applicants only)			

Has the applicant demonstrated a commitment to and capacity to contribute to innovation and leadership within their role?

○ yes ○ no

Please provide examples (a	attach further documentation if necessary):	:			
3. Employer Suppo	rt (to be completed by Applicant's C	Clinical Manager)			
Manager Name:					
Manager Phone No. :	Man	nager Email:			
Ward of Employment :		Organisation:			
Employment Address:					
Applicants must provide their workplace as follow	evidence of employer support to unde vs:	ertake the clinical p	ractice compon	ents of the course	e within
Emergency Nursing & C	ritical Care Nursing streams:				
Provide 24 hours	per week in an appropriate environm	nent cognisant wit	h course objec	tives	
Allocate or assist v	with the choice of mentors in the clin	ical area (minimu	m 2 to 3)		
Provide a support	ive roster, and avail study requests, if	fapplicable			
Supervision in and skills portfolio	d assistance with clinical acquisition s	skills using the cor	npetency stand	dards and clinical	
Master of Advanced Clir	nical Practice:				
Provide approx 2	days per week in an appropriate envi	ironment cognisaı	nt with course	objectives	
Allocate or assist v	with the choice of mentor(s) in the cli	inical area			
Provide a support	ive roster, and avail study requests, if	f applicable			
	d assistance with clinical acquisition s rs or equivalent relevant internationa		MC Compente	ncy Standards fo	r
	obliged to make a Nurse Practitioner position availal he clinical component of the course within their wor		are only asked to cor	nfirm support will be pro	ovided
-	support be provided to the applicate course within the workplace, as d		he clinical pra	ctice	yes 🔵 no
Managaria Signaturo			Data		
Manager's Signature:			Date:		
Applicant's Signature:			Date:		
Please retain a copy for	r your records. Incomplete forms wil	ll not be consider	ed.		
	re asked to forward completed and		Facult GradS	ty of Health Scientiart Admissions	
			Flinde	ers University	

PO Box 2100 ADELAIDE SA 5001