

## Alfred Health: Clinical Observation Application Form for Overseas/ Interstate Registered Nurses/ Registered Midwives

Please ensure you have read our policy on observational visits (Requests for Clinical Visits – Overseas or Interstate Registered Nurses /Midwives) prior to completing this application form. In particular, you need to check our selection criteria and costs. Please complete this form with all requested documentation and return to Nursing Education at the above email address.

			Requested Ca	impus	
Title:			Requested Start	Date:	
First Name:			Duration of	Visit:	
Surname:			If duration > 4 w please		
Residential address:			Speciality reque	areas ested:	
Email address:			Other ( (if not l		
Current position:			l nter requiren	preter nents:	
Employer: (Full postal address)			Interpreter full nam employer de		
			Estimated cost of	of service by local i	interpreters will be arranged on confirmation of observation.
Where did you Health?	u first hear al	oout Alfred			
Why do you w Health?	ant to visit A	lfred			
Are you receiving any Grant / funding to support your visit?		Please provide details of grant / funding?			
<i>Please note there will be a cost of \$250.00 per person per day plus GST for observation at The Alfred.</i>			Billing details: (Contact person/ address)		
Please attach a current CV and a comprehensive list of objectives that you hope to achieve during your visit.					
Additional comments to support your application:					