

Graduate Certificate and other programs of study Enrolment Form

Section 1

1. Course details

Name of course

Specialty stream (if applicable)

Course code

Course commencement date Course completion date

2. Applicant's details

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

Title (Miss, Ms, Mrs, Mr) Initial First name Surname

Date of birth Gender (M/F) Previous name or alias

Australian citizen **OR** Permanent resident **OR** Visa – specify.....

	Work	Home
Telephone #		
Mobile #		
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

RN/RM Registration Number Expiry date

N.B.: A copy of your current NSW Authority to Practise as a Registered Nurse, Midwife or Enrolled Nurse must accompany your completed enrolment form.

3. Current employment details

Name of Local Health District/Children's Hospital Network/Justice Health

Employing hospital

Ward/Unit/Department

Category/position title (e.g. RN/EN/CNS)

Please indicate 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)
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4. Nursing qualifications (Certificates, Diplomas, Degrees etc)

Course name	Institution	Date completed
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5. Other qualifications (e.g. Bachelor of Arts)

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Are you currently enrolled in a tertiary program? (include those on deferment)..... Yes No Deferred

Have you ever enrolled in a graduate certificate, other program of study or distance education course at the Australian College of Nursing (ACN)?..... Yes No

Did you successfully complete this course?..... Yes No

Name of course and date of completion.....

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6. Application for recognition of prior learning (RPL) NB. Please see the College's Policy Statement on RPL at the end of this form (Section 4).

Are you seeking RPL towards this course on the basis of previous learning, life and/or work experiences?

Yes No

If yes, please provide the following details:

Name of subject successfully completed	Institution where the study was undertaken	Date completed	Name of the ACN subject for which you seek credit

Please provide certified copies of course transcripts with your application. If the study for which you seek credit was not undertaken with the College of Nursing please provide a copy of the subject outline, learning outcomes and assessment requirements.

7. Relevance of this course to your work

Write a brief description of your current role and responsibilities.

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8. 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
.....
.....
.....

9. Applicant's declaration

Details of the course for which you are applying are available in the current Student Handbook which is also located on the ACN website 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 ACN to discuss my progress in this course with the health care facility liaison person.

I have attached a copy of my current NSW Authority to Practise.

I have attached supporting documentation for my application for Recognition of Prior Learning (if applicable).

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 applying for a NSW Department of Health funded position. I agree to arrange release from work to attend any compulsory or on-campus components of the course (if applicable).

I hereby give permission for ACN to provide my personal details, relating to this course, to the Department of Education and/or NSW Health.

Applicant's signature Date

Where did you hear about the course?

- Friend / colleague
 Website
 Conference / expos
 Handbook
 Email / flyer
 Advertisement, specify Other

Privacy Issues

ACN 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.

Section 2

10. Nursing Unit Manager's recommendation

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Signature Date

Name (please print)

Section 3

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

List the reasons for supporting this enrolment (e.g. ward/unit needs)

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All applications regardless of priority or level of support must be submitted to your Local Health District.

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 institution/facility for a given course.

- 1st
 2nd
 3rd
 4th
 5th
 6th
 7th
 8th
 9th
 10th

Continued over page ...

Release to attend course

Details of the course are available in the current Student Handbook which is located on the ACN website www.acn.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

12. Local Health District Director of Nursing and Midwifery/Local Health District Directors of Nursing – Justice Health and The Children’s Hospital Network

Name

Signature Date.....

Selection and notification procedures

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 enrolment forms must then be forwarded to the Local Health District Director of Nursing and Midwifery/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 Area Health Service needs.

Selection of students All enrolment forms will then be sent to ACN 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 ACN 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.

Course fees

Course fees are paid by the New South Wales Health for successful applicants who have applied through their Local Health District Health Service. In addition, the New South Wales 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 Local Health District.

PLEASE NOTE

All course enrolments closing dates are clearly advertised in the Student Handbook which is available on the ACN website www.acn.edu.au

- Applications must be received by your DON/HSM two weeks prior to advertised closing date
 - Applications are forwarded by DON/HSM to Local Health District DON/M and Local Health District DON Childrens Hospital Network and Justice Health
- Local Health District DON/M/DON Childrens Hospital Network/Justice Health forward all enrolment forms to ACN within two weeks of the advertised closing date.

Enrolment forms must be forwarded to:

Student Services Centre
Australian College of Nursing
Locked Bag 3030
BURWOOD NSW 1805

LATE OR INCOMPLETE ENROLMENT FORMS WILL NOT BE PROCESSED

Section 4

Recognition of prior learning

Recognition of prior learning (RPL) may be sought for previous learning, life and/or work experiences.

Requests for RPL must be made in writing on application to the course. Applications for RPL must include supporting documentation. Requests for RPL from courses other than those conducted by ACN will incur a fee. Please contact the Manager, Tertiary Education Services for further information about RPL that may lead to credit transfer or advanced standing.

Privately-funded students who have been granted credit transfer or advanced standing may be eligible for a reduction in course fees. Specific details will be provided on the successful granting of the credit.

Further information for students undertaking graduate certificate courses can be found on our website www.acn.edu.au