

Breast Care Nurse Practicum Enrolment Form

Indicate Practicum (put in order of preference)

1. Course commencement date Course completion date

2. Course commencement date Course completion date

Applicant's details

Title (Miss, Ms, Mrs, Mr, etc) Surname

First name Previous surname (or alias)

Home address

..... Postcode

Telephone (H) (W) Ext

Email Date of birth

Are you of Aboriginal or Torres Strait Island descent? Yes No

If yes, please specify

A copy of your current Authority to Practise as a Registered Nurse must accompany your completed enrolment form.

I will undertake a criminal record check in relation to any clinical placement required by the Australian College of Nursing (ACN).

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.

Current employment details

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

Address of Local Health District

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Employing Hospital or Agency

Ward/Unit/Department

Category/Position title

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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Nursing qualifications (Certificates, Diplomas, Degrees)

Course name **Institution** **Date completed**

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Have you ever enrolled in a course at the ACN? Yes No

Did you successfully complete this course? Yes No

Name of course and date of completion

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

Relevance of this practicum to your work

Write a brief description of your current role and responsibilities.

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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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Applicant's signature Date

Nursing Unit Manager's recommendation

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Signature Date

PLEASE NOTE**SUCCESSFUL APPLICANTS WILL BE NOTIFIED BY MAIL**

ACN reserves the right to cancel or postpone any course at any time or for any reason as determined by the Board. Students paying for their own air fares are advised to obtain travel insurance to cover potential losses in the event of course cancellation.

Enrolment forms must be forwarded to:

Student Services Centre, Australian College of Nursing
P.O. Box 650, Parramatta NSW 2124