



GRADUATE NURSE PROGRAM APPLICATION FORM

How to apply

Forward this application form with the following

✓ if Included

- Covering letter and Curriculum Vitae
- Clinical Placement Reports from Acute Care Placements
- Academic Record (*Downloaded copy acceptable. Please ensure your name is printed on the copy*)
- Final Practicum Report (when available)
- Identification i.e. Birth Certificate or Passport ID Page or Driver's Licence
- Vaccination records for example TB (BCG), Hepatitis B, Tetanus etc.
- Nurses Board of South Practising Certificate (*if studies completed*)

To: **Ms Lorri Bruun**
Director of Nursing
St Andrew's Hospital
350 South Terrace
ADELAIDE SA 5000
Email: lbruun@stand.org.au

Applications close last Friday in August this year

Please note:

- It is expected that a covering letter and CV will be included with your application
- All positions have a probationary period. A performance appraisal will be undertaken at the end of this probationary period.
- A pre-employment Medical is required for all new personnel
- St Andrew's Hospital conducts interviews for all Graduate Nurse Positions.

If you wish to discuss the Graduate Nurses Program please contact:

Alison Sarles (Staff Development Coordinator)
Phone: 8408 2120
Email: asarles@stand.org.au

Website: www.stand.org.au

GRADUATE NURSE PROGRAM APPLICATION FORM**Confidential****Personal Details**Surname: _____ Given Names: _____
(Mr/Mrs/Ms/Miss) (Your preferred title)

Address: _____

Post code: _____

Telephone: (H) _____ (M): _____ Email: _____

Date of Birth _____ Maiden Name: _____
(if applicable)**Contact person (in case of an emergency)**

Name: _____ Relationship _____

Address _____ Post code: _____

Telephone: (H) _____ (M): _____

Are you legally entitled to work in Australia? Yes No (give details as below)

Please indicate: Citizen _____ Permanent Resident: _____ Work permit/expiry date: _____

Please indicate university attended: University of SA Flinders University

Other (please give details) _____

Expected completion date of undergraduate studies: _____

Nurses Board Practising Certificate Number : _____ (if studies completed)

CLINICAL PLACEMENTS:**2nd Year 1st Placement:** _____**2nd Year 2nd Placement:** _____**3rd Year 1st Placement:** _____**3rd Year 2nd Placement:** _____**COMMENCEMENT DATE:**

Please indicate your preference for commencement date of the Graduate Nurse Program

January February March June July Other

AVAILABILITY TO WORK OVER A 7 DAY ROSTER

As a participant of the St Andrew's Graduate Nurse Program you will be required to work shift work i.e. morning, afternoon, nights and weekends. Are you able to undertake this requirement?

 Yes No (Please give details below)

Details: _____

- Work preference** 75 hrs: per fortnight (10 shifts) 67.5 hrs: per fortnight (9shifts)
- 60 hrs: per fortnight (8 shifts) Other *please specify* _____

CLINICAL PLACEMENTS FOR GRADUATE NURSE PROGRAM

Please number boxes in order of your clinical rotation preference (1- 6)

- 4th Floor** Orthopaedic, Vascular, ENT
- 3rd Floor** Oncology, Haematology, Breast Surgery, Plastic Surgery
- 2nd Floor** Colorectal, Stomal Therapy, Urology, General Surgery, Gynaecology
- Critical Care Unit** (incorporates Coronary Care, High Dependency, Intensive Care)
- Operating Theatres**
- Recovery / Anaesthetics**

PREVIOUS EMPLOYMENT HISTORY

Are you currently employed: Yes No

Employment Period	Employer name and address	Position held	Duties performed

CLINICAL REFEREES

Please give the name, telephone number and email address (if possible) of two recent clinical referees who have supervised you eg. a Clinical Facilitator, from a recent practicum placement, a Senior Registered Nurse/Preceptor.

Name: _____ Title: _____

Employer: _____

Telephone number: (W) _____ (M) _____

Email address: _____

Has the referee given permission to be contacted Yes No

Name: _____ Title: _____

Employer: _____

Telephone number: (W) _____ (M) _____

Email address: _____

Has the referee given permission to be contacted Yes No

EMPLOYEE REFEREE CONSENT

Do you consent to St Andrew's Hospital discussing the information contained in your application with the referees listed? Yes No

N.B. Referees will only be contacted after interview unless otherwise indicated.

If your application is successful would you interested as working as an undergraduate nurse in a casual position prior to commencing in the Graduate Nurse Program?

Yes

No.

HOW DID YOU HEAR ABOUT US?

We are interested to know how you first became aware of our graduate program. *(please circle)*

University
Recommendation
Other _____

Nursing Expo
Website

Information Evening
Clinical Placement

Newspaper
Brochure

IS THERE ANY INFORMATION RELATIVE TO YOUR CURRENT OR PREVIOUS HEALTH THAT YOU WOULD CARE TO REVEAL TO US?

(This assists us as a potential employer to place employees safely within the work place.)

Yes

No

If yes, please describe _____

Please complete the following statements

My Short Term Career Goals are:

I have shown commitment personally and professionally by:

I would like to be considered for a Graduate Nurse Position at St Andrew's Hospital because:

My first preference is to work in a

Public Hospital

Private Hospital

Thank you for taking the time in applying at St Andrew's Hospital. Your application will be given due consideration.