

TPPP Application Form – St Andrew’s Hospital

Instructions: You can complete this application form online, or print and complete it by hand. Upload it when asked for your COVER LETTER in the application portal. Please combine your personal cover letter and your CV into one document and upload when asked for your CV.

Personal Details

Last Name:

First Name:

Preferred Name:
(If different)

Email address:

Address:

University:

GPA (Nursing Studies):

Current & Previous Employment

1. **Role**

Start Date

Employer

Duties

Hours/week

Tick if Still Employed

2. **Role**

Start Date

Employer

Duties

Hours/week

Tick if still employed

Career Preferences

Please number all boxes 1 through 13 in order of your preference
Most preferred as 1, least preferred area as 13

General Surgery, Stomal Therapy, Urology, Colorectal

Oncology, Breast Surgery, Medical, Gynaecology, Plastics

Orthopaedic, Spinal & Neurosurgery, Vascular, ENT, Gynaecology, Plastics

Day Surgery Unit

Coronary Care / Cardiac Ward

Intensive Care Unit/ High Dependency

+

Theatre Scrub / Scout

Recovery

Anaesthetics

Paediatrics

Midwifery

Mental Health

Emergency Nursing

Preferred Shifts

Tick how many 7.5 hour shifts you would prefer to work each fortnight. *(one box only)*

6

7

8

9

10

Please outline why St Andrew's should select you for the TPPP

Blank area for outlining reasons for selection, with horizontal dotted lines for writing.

Referees

Please supply the contact details of at least 2 senior clinical referees (Facilitator, Manager, Clinical Nurse)

Name:
Position:
Email:
Phone number:

Name:
Position:
Email:
Phone number:

Name:
Position:
Email:
Phone number:

Work rights *(please tick)*

Aust Citizen/PR Work Visa: Type: expiry date:.....

Declaration

The information contained within this cover letter is true at the time of application

Signature _____ Date _____

Thank you for providing this information - we look forward to being back in touch with you.