

TPPP Application Form – St Andrew’s Hospital

Instructions: You can either print and handwrite or complete digitally as a fillable form. Upload this form when asked for your COVER LETTER in the application portal. Please combine your CV and Personal Cover Letter in one document and upload as your CV. We will request other documents (including your placement reports & WWCC) at a later date so please keep an eye on your emails (including spam/junk folders).

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	<input type="checkbox"/> Tick if still employed
2. Role	Start Date
Employer	
Duties	
Hours/week	<input type="checkbox"/> Tick if still employed
Career Preferences	

Please number all boxes 1 - 13 in order of your preference. Select most preferred as 1, least 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 Hours of employment
Please tick how many 7.5 hour shifts you would prefer to work each fortnight. Please tick ONLY ONE
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

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

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

By completing this form you are agreeing with the declaration that the information contained within the form is true at the time of application

Name _____ Date _____