

TPPP Application Form – St Andrew’s Hospital

Instructions: You can either print this form and complete digitally as a fillable form, or by hand. 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.

Personal Details	
Last Name:	First Name:
Preferred Name: (If different)	Email address:
When are you expecting to complete your pre-registration studies?	
<input type="checkbox"/> Late This Year <input type="checkbox"/> Early Next Year <input type="checkbox"/> I have completed my studies on:	
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 - 10 in order of your preference. Most preferred as 1, least as 10	
1	Surgical Ward, 2 nd Floor (General Surgery, Urology, Colorectal)
2	Medical-Surgical Ward, 3 rd Floor (Oncology, Breast Surgery, Medical, Gynaecology, Plastics)
3	Surgical Ward, 4 th Floor (Orthopaedic, Spinal & Neurosurgery, ENT, Gynaecology)
4	Day Chemotherapy Suite
5	Procedural Suite (DOSAs, Day Surgery, Scopes)
6	Coronary Care / Cardiac Ward / Vascular
7	Intensive Care Unit / High Dependency
8	Theatre Scrub/scout
9	Angiography Suite
10	Recovery / Anaesthetics
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

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

Signature

Date