



BURNSIDE  
HOSPITAL

## REGISTERED NURSE TRANSITION TO PROFESSIONAL PRACTICE PROGRAM

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### How do I apply?

Graduate Nurses interested in applying for the Transition to Professional Practice Program are required to forward the following:

- Completed Application Form (including Professional and Immunisation Declaration sections)
- Covering letter
- Resume
- Copy of current Criminal History Check (National Police Clearance)
- Copies of Academic Transcripts
- Copies of signed 2<sup>nd</sup> and 3<sup>rd</sup> year Clinical Placement Evaluations
- Copy of the BloodSafe e-Learning Tool certificate of achievement

<http://www.BloodSafelearning.org.au>

To:

Human Resources Officer  
Burnside War Memorial Hospital  
120 Kensington Road  
Toorak Gardens  
SA 5065

OR emailed to [gjelfs@burnsidehospital.asn.au](mailto:gjelfs@burnsidehospital.asn.au)

**APPLICATIONS CLOSE MONDAY 23rd AUGUST**

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### How did you become aware of our graduate program?

- Clinical Placement
  - Website
  - University Expo
  - Other graduates
  - Other \_\_\_\_\_
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## APPLICATION FORM

### Personal Details

Preferred Title: Ms / Miss / Mrs / Mr (please circle)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Expected date of registration with the Nursing & Midwifery Board of Australia: \_\_\_\_\_

Please indicate clinical areas of interest:

Acute Surgical / Medical  Peri-operative

## Education

Name of University & Campus	Name of course/award	Expected year of completion

## Referees

Please name two recent **professional** referees who are able to address your potential for employment as a Registered Nurse and who are willing to be contacted by phone / email:

1. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby grant permission for my stated referees to be contacted, review of my criminal history check and I consent to undertake a work capacity assessment at the Hospital's expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment History

Please provide your employment history - include any full time, part time or casual work, nursing related or otherwise.

Employment	Position held	Duration	Hours per week

I declare that the information in this application is true and correct and acknowledge that any wilful suppression or inaccuracy will render my application invalid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### IMMUNISATION DECLARATION

The vaccination of health care workers enhances infection control strategies and contributes to the safety of the environment for patients, staff and consumers.

Please complete the following declaration in relation to your immunisation status:

- Polio
- Diptheria / Tetanus
- hepatitis B
- Influenza (for current season)
- Measles, Mumps, Rubella (MMR)
- Varicella (Chicken Pox) - If working in the Maternity Service
- Pertussis (Whooping Cough) within the last 10 years - If working in the Maternity Service

### IMMUNISATION DECLARATION

I declare that I have been immunised against the diseases listed above and am willing to provide documented evidence of my health records in relation to vaccination if I am offered employment as a nurse at Burnside Hospital.

Signature of nurse / midwife: \_\_\_\_\_

Name of nurse / midwife: \_\_\_\_\_

Date of declaration: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PROFESSIONAL DECLARATION**

**SURNAME OF APPLICANT:** .....

**GIVEN NAMES IN FULL:** .....

**Date of Birth:** ...../...../.....

**RESIDENTIAL ADDRESS** .....

.....

.....

**Telephone:** ..... **Mobile:** .....

**Email:** .....

- 1. Have you ever been subject to an adverse finding or had conditions attached to your registration by a regulatory Authority or Board?

**Yes / No / NA      If yes, give dates and particulars:**


- 2. Have you ever been found guilty of negligence or professional misconduct? This information is required to assess your application for employment and will only be used by Burnside Hospital for such purposes and will not be disclosed otherwise.

**Yes / No: If yes, please note that you may be contacted for a confidential report.**


- 3. Has your registration and/or employment at any health care facility ever been reduced, suspended or revoked or had conditions attached to that registration and/or employment for any reason?

**Yes/No    If yes, give dates and particulars.**


***Please turn over...***

4. Have you ever been convicted of a criminal offence including a sex or violence offence or any offence in relation to your practice as a nurse / midwife? This excludes expiation (traffic infringement) notices.

**Yes/No** If yes, please give date of conviction and description.


### D E C L A R A T I O N

I solemnly and sincerely declare that I am the person named on this Declaration. I declare that these statements contained within this Declaration are true and correct and that I have disclosed all material in writing to the Burnside Hospital which might reasonably be material to the Offer of a Contract of Employment and/or the Contract of Employment itself.

I understand that the consequences of providing false and/or misleading information or of withholding information may include the withdrawal of the Burnside Hospital's Offer of a Contract of Employment and/or the termination of the Contract of Employment itself.

*Signed:* ..... *Date* .....

*Witness to Signature:* .....

*Print Name:* .....

*Occupation:* .....

*Address:* .....

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