CLINICAL REQUIREMENTS FOR POSTGRADUATE PROGRAMS
IN THE SCHOOL OF NURSING & MIDWIFERY

Completion and submission of these clinical forms is a requirement of your program due to the incorporation of a clinical placement. Once you have been offered a place in your course and accepted it, you will enrol in your topics. When you enrol in your topics please also complete and submit these pre-clinical forms. Please note students will not be able to undertake clinical placements unless these forms are completed.

Personal Information

<table>
<thead>
<tr>
<th>Applicant Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>State</td>
<td>Post Code</td>
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<td>SATAC Ref No.</td>
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<td>Home Phone</td>
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<td>Mobile Phone</td>
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Student No (if enrolled)  

Please indicate the Course admission is sought for:

- [ ] Graduate Certificate
- [ ] Graduate Diploma
- [ ] Master of Nursing
- [ ] Master of Advanced Clinical Practice
- [ ] Master of Midwifery

Specialisation (if applicable):

- [ ] Child and Family Health Nursing
- [ ] Emergency Nursing
- [ ] Mental Health Nursing
- [ ] General Practice Nursing
- [ ] Continence Nurse Advisor
- [ ] Critical Care Nursing
- [ ] Diabetes Management and Education

Please scan and email all preclinical forms to clinical.placements@flinders.edu.au
Or post to

Clinical Placements Unit
School of Nursing & Midwifery
Flinders University
GPO Box 2100 Adelaide SA 5001
PLEASE RETURN THIS CHECKED LIST WITH YOUR PRE-Clinical Forms

Generic Requirements

Please Note:
Even if you are undertaking your clinical experience at your current place of paid employment, you are still required to complete and submit these forms for the purposes of insurance and indemnity while undertaking a university program.

All students must:

☐ Provide evidence of completion of ‘InPlace’ declarations. This information can be found at http://inplace.flinders.edu.au/InPlace
  Once completed please attach a copy when returning this documentation either by post or email

☐ Log onto the School of Nursing and Midwifery clinical placement website Click on ‘forms’ and read through the section on applying for a National Criminal History Record Check. Follow the instructions for applying for your check.

☐ Organise an ID badge by attending Flinders University central library in person with evidence of enrolment

  OR

☐ Complete Attachment 1 and post it to Clinical Placements Unit using the address on page 1.

☐ Organise completion and submission of an Affiliation Agreement Request (Attachment 2) for your proposed host clinical organisation if required. If you are uncertain if your host organisation is affiliated with Flinders University please email clinical.placements@flinders.edu.au to check.

Specific Specialisation Requirements:

In addition to the above requirements, each clinical specialisation requires the completion of a ‘Statement of Clinical Support’. For students undertaking specialisations in Emergency Nursing, Critical Care or Advanced Clinical Practice, the Clinical support form needs to be submitted to the Faculty of Health Sciences when you apply through SATAC Gradstart. For all other specialisations requiring a ‘Statement of Clinical Support’ please submit with this pre-clinical documentation.

Please indicate your progress below:

☐ I have completed and posted my Statement of clinical support form to:
  Faculty of Health Sciences
  Grad start Admissions-Nursing
  Flinders University
  GPO Box 2100
  ADELAIDE  SA  5001

  or

☐ I have attached my ‘Statement of Clinical Support’ forms to this documentation
ATTACHMENT 1

Flinders University Faculty of
Health Sciences School of
Nursing & Midwifery

CLINICAL PLACEMENT ID CARDS

Course:
☐ Graduate Certificate
☐ Graduate Diploma
☐ Master of Nursing
☐ Master of Advanced Clinical Practice
☐ Master of Midwifery

Specialisation (if applicable):
☐ Child and Family Health Nursing
☐ Emergency Nursing
☐ Mental Health Nursing
☐ General Practice Nursing
☐ Continence Nurse Advisor
☐ Critical Care Nursing
☐ Diabetes Management and Education

PHOTO FOR CLINICAL PLACEMENT ID CARD
(To be completed by all applicants)

Please CLIP one passport sized photograph above.

Name: ...........................................................................................................................................

Student ID Number: ........................................................................................................................

Registration Type (Please circle): Registered Nurse / Registered Midwife / Both / Other..............

Registration Number(s): ................................................................................................................
........................................................................................................................

The Clinical Placement ID Card will be posted to your postal address as stated on your student record.
Please ensure your contact details are correct on the student system.
**REQUEST FOR AN AFFILIATION AGREEMENT**

This form should be completed by all students if an affiliation agreement is not in place.

If you are uncertain if your host organisation has an Affiliation with Flinders University please email clinical.placements@flinders.edu.au to check

*Allow at least 8 weeks prior to commencement of placement for the Affiliation Agreement to be processed. This means completion of this form is a priority.*

| **Student ID (if known):** |  |
| **Student Name:** |  |
| **Course/Topic Coordinator at Flinders University:** |  |

| **FORMAL name of Clinical Venue/Health Service Provider:** |  |
| **Street Address of Clinical Venue/Health Service Provider:** | **State:** | **Postcode:** |
| **Mailing Address of Clinical Venue/Health Service Provider (if different from above):** | **State:** | **Postcode:** |
| **Name of Contact Person at Clinical Venue/Health Service Provider:** | **Telephone:** | **Email Address:** |
| **Proposed Dates of Clinical Placement:** |  |