### Child and Family Health Nursing Specialisation

SATAC Code: 2GC098 Graduate Certificate in Health (CFHN)  
2GD074 Graduate Diploma in Nursing (CFHN)  
2CM119 Master of Nursing (CFHN)

#### 2011 SOUTH AUSTRALIAN STUDENT FORMS

Students enrolling for the first time in the Child and Family Health Nursing specialisation are recommended to follow the program of study as indicated below:

<table>
<thead>
<tr>
<th>SEM 1</th>
<th>SEM 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS8824 Introduction to working with infants children and families</td>
<td>NURS8821 Maintenance of health for infants, children and young people</td>
</tr>
<tr>
<td>NURS8822 PHC for infants children and young people</td>
<td>NURS8823 Clinical practice for child and family health nursing</td>
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</tbody>
</table>

**NURS8823 Clinical practice for child and family health nursing**

Under the supervision of a preceptor, students are asked to undertake two supernumerary clinical practice days a week for a total of 20 days in semester 2. Any alternate arrangements need to be negotiated with the topic coordinator. The Flinders University Identification Badge must be worn at all times when in contact with the public. The following is a list of proposed placements:

| Child Health Centres (0-5/12 yrs), or State/Council Health Services/home visiting. | Contact Centre Services (24 hour telephone counselling) |
| Early parenting residential centre, e.g. Torrens House                        | Hearing Assessment Clinics                                  |
| Breastfeeding Clinics/ Day Services                                           | Youth Health Services/School Health Services               |
|                                                                                 | Community Agency Visits                                     |

All students are required to provide additional documentation

By **February 17th**, before commencement of Semester 1 you need to provide:

- two (2) passport size photographs on the relevant forms (pg 2 and pg 3)

By **April 8th** before commencing Semester 2 you will need to provide:

- Completed Clinical Preference form (pg 4); and
- Declarations form (pg 5-6).

All completed forms to be posted to:

<table>
<thead>
<tr>
<th>Ms Helen Smith</th>
<th>Telephone: (08) 8201 5535</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Placements Administrator</td>
<td>Email: <a href="mailto:h.smith@flinders.edu.au">h.smith@flinders.edu.au</a></td>
</tr>
<tr>
<td>School of Nursing &amp; Midwifery</td>
<td></td>
</tr>
<tr>
<td>Flinders University</td>
<td></td>
</tr>
<tr>
<td>GPO BOX 2100</td>
<td></td>
</tr>
<tr>
<td>ADELAIDE SA 5001</td>
<td></td>
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</tbody>
</table>
Flinders University  
Faculty of Health Sciences  
School of Nursing & Midwifery  

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PHOTO FOR SPECIALISATION COORDINATOR  
(To be completed by all CFHN applicants)

Please PASTE one passport sized photograph above.

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

Student ID Number:………………………………………..

Course:................................................................................................................................

Registration Type:  Registered Nurse / Registered Midwife / Both

Registration Number(s): ..........................................................  
.....................................................................................................
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PHOTO FOR CLINICAL PLACEMENT ID CARD
(To be completed by all CFHN applicants)

Please **CLIP** one passport sized photograph above.

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

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

Course:......................................................................................................................................

Registration Type:  Registered Nurse / Registered Midwife / Both

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.
To facilitate your 20 day clinical placement for Semester 2 in 2011 with Child and Family Health Services please complete the following:

Your Name: ________________________
Your phone number: ________________________
Your email address: ________________________

Please tick below your two preferred days for placement

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Ms Smith will collate student details and forward them to the CYWHS clinical placement officer who will allocate your placements. The CYWHS officer will then send placement information to Ms Smith, who will then notify you of your allocation. Please be aware that they will not guarantee that you will be allocated the days you request. Please also be aware that neither Ms Cuthbertson nor Dr Grant have any influence over the allocation of clinical placements. Your best option is to get this form in as quickly as possible.

**Country placements** are available to any student. Please indicate your preference:

Country Placement

- YES [ ]
- NO [ ]

LOCATION ________________________

From: ________________________ To: ________________________

Travel and accommodation is the responsibility of the student. Most benefit is gained through country placement consisting of at least two or more days per week depending on availability.

I am happy for my preceptor to have my phone number and email address:

__________________________ ____________
Signature Date
Declarations

Students who do not submit this form within the specified time period will have their clinical placement revoked.

Student name (please print carefully): _________________________________________

Student ID: ________________________

Course:  
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National Police Certificate

I, ______________________________________, have read and understood the School of Nursing & Midwifery’s protocol on Police Clearances and have organised to have the necessary police certificate in my possession prior to attending my placement.

I recognise that industry partners require students to obtain police certificates and that I will be required to provide the clinical placement body with the original police certificate before being allowed to commence my placement. I understand that if I fail to do this I may not be accepted at my allocated placement.

Furthermore, I accept that all decisions regarding the appropriateness of an individual to undertake a placement is entirely up to the placement venue and the University takes no responsibility for these decisions.

Student Signature: ___________________________________

Date: ______________________________________________

Consent to Immunisation

I, ______________________________________, have read and understood the School of Nursing & Midwifery’s protocol on immunisation and agree to have the necessary immunisations prior to undertaking my placement.

I am aware that as a student I am at risk of contracting a communicable disease. I understand that some of these diseases can be prevented through immunisation.

I recognise that some industry partners require students to be vaccinated against some or all of the communicable diseases (listed at the end of this document) and that I will be required to provide the clinical placement body with a copy of an immunisation record before being allowed to commence my placement. I understand that if I fail to do this I may not be accepted at my allocated placement.

I accept that neither the University nor the industry partner takes any responsibility for any adverse health effects which I may experience as a result of undertaking the required immunisations.

Furthermore, I accept that all decisions regarding the appropriateness of an individual to have immunisations is entirely up to the placement venue and the University takes no responsibility for these decisions.

Minimum vaccination recommendations for ALL (public and private) venues:
Polio
Diphtheria/Tetanus
Varicella
Hepatitis B
Hepatitis A (only for those students attending remote and Northern Territory clinical placements)
Influenza
Measles/Mumps/Rubella (students born during or since 1966)
Pertussis (using dTpa) (only for students involved in paediatric and maternity)

Student Signature: ___________________________________
Date: ____________________________________

Fitness for Practice

I, ______________________________________, have read and understood the School of Nursing & Midwifery’s protocol on fitness for practice. I am aware of, and understand, my obligation to report any physical, psychological or psychiatric condition that might impede my ‘fitness for practice’. I understand that, as with all student matters within the School, confidentiality is assured and no disclosure of information will be made outside that necessary for the administration of my progress in the course.

Student Signature: ___________________________________
Date: ____________________________________

Students are asked to refer to the School’s website on Clinical Placements for further information: http://flinders.edu.au/nursing/studentsandcourses/clinicalpractice/clinical-placement/clinical-placement-forms.cfm

S.A. Health compulsory orientation package

I, ______________________________________, have read and completed the compulsory Department of Health On-line Orientation and will undertake to give the associated forms to the requesting staff member at my placement venue at orientation or on the first day of clinical placement. I understand that if I fail to do this I may not be accepted at my allocated placement.

Student Signature: ________________________________
Date: ________________________________

Go to http://www.nursingsa.com/nursing_studentplace.php to access the orientation package.

N.B. The original National Police Certificate and Immunisation record should be kept by the student until asked for by the venue staff at the clinical venue orientation or on the first day of placement.