CLINICAL REQUIREMENTS FOR
GRADUATE 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. Please complete and submit to the address below as soon as you have enrolled into your program of study. Please note students will not be permitted to enrol in their clinical topics unless these forms are completed.

Personal Information

Applicant Name
Address
State Post Code
SATA Ref No.
Home Phone
Mobile Phone
Email
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 post all documentation to:

Clinical Placements Unit
School of Nursing & Midwifery
Flinders University
GPO Box 2100
ADELAIDE SA 5001
PLEASE RETURN THIS CHECKED LIST WITH YOUR 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](http://inplace.flinders.edu.au/InPlace)
   Once completed please email a copy of completed declarations to clinical.placements@flinders.edu.au

☐ 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 REQUIREMENTS:

In addition to the above requirements, each clinical specialisation has further specific requirements. Please see relevant information for your program attached:

Attachment 3: Master of Advanced Clinical Practice
Attachment 4: Child and Family Health Nursing
Attachment 5: Emergency Nursing
Attachment 6: Critical Care Nursing
Attachment 7: Mental Health Nursing
Attachment 8: Diabetes Management and Education
Attachment 9: General Practice Nursing
Attachment 10: Continence Nurse Advisor
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.*

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<thead>
<tr>
<th><strong>Student ID (if known):</strong></th>
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<tbody>
<tr>
<td><strong>Student Name:</strong></td>
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<td><strong>Course/Topic Coordinator at Flinders University:</strong></td>
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<tr>
<th><strong>FORMAL name of Clinical Venue/Health Service Provider:</strong></th>
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<tr>
<td><strong>Street Address of Clinical Venue/Health Service Provider:</strong></td>
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<td></td>
<td><strong>State:</strong></td>
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<tr>
<td><strong>Mailing Address of Clinical Venue/Health Service Provider (if different from above):</strong></td>
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<td><strong>State:</strong></td>
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<td><strong>Name of Contact Person at Clinical Venue/Health Service Provider:</strong></td>
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<td><strong>Telephone:</strong></td>
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<td><strong>Proposed Dates of Clinical Placement:</strong></td>
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**ATTACHMENT 3**

**MASTER OF ADVANCED CLINICAL PRACTICE (MACP)**

The MACP follows a Work Integrated Learning approach to clinical practice experiential learning. This means that applicants should be working in the area that they intend to work in as a nurse practitioner, midwife or paramedic. It also assumes that they are already recognised as an expert in their field.

Students are required to nominate one or more clinical mentors who should be recognised as advanced practice clinicians in their profession (e.g. an endorsed Nurse Practitioner), or they should be a medical consultant, physician, General Practitioner or senior registrar. Each mentor will receive a letter and a Clinical Mentor Handbook which outlines the requirements of mentorship.

There are two topics in the MACP that require clinical mentorship:

- **NURS9117 (Advanced Clinical Practice)** in which a clinical viva (case presentation), 5 full assessments and 15 ongoing assessments are required.
- **NURS9127 (Diagnostics for Advanced Practice)** in which 15 cases must be examined with a specific focus on the diagnostics required for confirming diagnosis and for ongoing management of care.

A clinical log is provided to each student and this must be successfully completed in order to graduate.

**Please Note:** For those applicants who are working in an isolated, single or private practice environment, please contact the specialisation co-ordinator as soon as possible so that arrangements can be made which are best suited to learning needs and work environment.

1. **Clinical Mentor Details**

   **Please Note:** If you do not have this information at the time you submit details of health services support, please keep a copy of this page and send when details are available. All students must have nominated the clinical mentors within 3 weeks of commencing the clinical topics.

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<tr>
<th><strong>CLINICAL MENTOR 1</strong></th>
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<td>Name of Clinical Mentor:</td>
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<td>Address:</td>
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<td>Telephone:</td>
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<th><strong>CLINICAL MENTOR 2</strong></th>
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<tr>
<td>Name of Clinical Mentor:</td>
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2. **Advanced Practising Experience (to be completed by Applicant only)**

Provide details of how you have demonstrated your capacity to contribute to innovation and leadership within your scope of practice *(attach further documentation if required i.e CV)*:

3. **Employer Support (to be completed by Applicant’s Manager only)**

Is the applicant recognised as an advanced practice clinician/nurse/midwife and demonstrates excellence in their role?

☐ Yes  ☐ No

Has the applicant demonstrated a commitment to and capacity to contribute to innovation and leadership within their role?

☐ Yes  ☐ No
4. **Employer Support (to be completed by Applicants Clinical Manager only)**

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<th>Manager Name</th>
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<td>Manager Phone No</td>
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<td>Manager Email</td>
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<td>Ward/unit of Employment</td>
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<tr>
<td>Organisation</td>
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<td>Employment Address</td>
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Applicants must provide evidence of employer support to undertake the clinical practice components of the course within their workplace as follows:

- [ ] Provide approx 2 days per week in an appropriate clinical environment cognisant with course objectives.
- [ ] Allocate or assist with the choice of mentor(s) in the clinical area.
- [ ] Provide a supportive roster, and available study request, if applicable.
- [ ] Supervision in and assistance with clinical acquisition skills using the relevant competency standards and clinical skills portfolio.

**Please Note:** employers are not obliged to make a Nurse Practitioner/Midwife/Advance Practice Clinician position available for the candidate and are only asked to confirm support will be provided to the applicant to undertake the clinical component of the course within their workplace.

Please confirm that the required support will be provided to the applicant to undertake the clinical practice components of the course within the workplace, as detailed above.

- [ ] Yes  
- [ ] No

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<th>Manager’s Signature</th>
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Please collate these forms with those on pages 1-3 and send them to:

- Clinical Placements Unit
- Master of Advanced Clinical Practice Specialisation
- School of Nursing & Midwifery
- Flinders University
- GPO Box 2100
- ADELAIDE   SA    5001

Incomplete forms will not be considered. Please retain a copy for your records.