PRE-PLACEMENT REQUIREMENTS FOR POSTGRADUATE PROGRAMS

Certain statutory and other requirements must be met before any student is permitted to attend professional experience placement (PEP)—formerly known as clinical placement.

Please note: even if you are undertaking PEP at your current place of paid employment, you are still required to complete all requirements and documentation for the purposes of insurance and indemnity while undertaking a university program. Once you have been offered a place in your course and accepted it, you will enrol in each of your topics. When you enrol in your PEP topics please refer to the Postgraduate PEP website pre-placement information and instructions: http://www.flinders.edu.au/nursing/clinical-placement/postgraduate-programs.cfm. Please use the checklist on the next page as evidence of completing these requirements.

Please note: You will not be able to undertake PEP unless all pre-PEP requirements are completed. If you have not completed the pre-PEP requirements and submitted your evidence documentation by 22 March 2013 (semester 1), or by 23 August 2013 (semester 2) you may be asked to withdraw from the PEP topic/s. You can withdraw from PEP topics without penalty before the University Census date (31 March 2013 for semester 1 topics or 31 August 2013 for semester 2 topics) if you are unable to meet the pre-PEP requirements.

Personal information

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Postcode</td>
</tr>
<tr>
<td>SATAC Ref No.</td>
<td></td>
</tr>
<tr>
<td>Home phone</td>
<td></td>
</tr>
<tr>
<td>Mobile phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Student ID (if enrolled)</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate the Course admission is sought for:

☐ Graduate Certificate
☐ Graduate Diploma
☐ Master of Nursing
☐ Master of Midwifery
☐ Master of Nursing (Nurse Practitioner)
☐ Master of Advanced Clinical Practice

Specialisation (if applicable):

☐ Child and Family Health Nursing
☐ Continence Nurse Advisor
☐ Emergency Nursing
☐ Critical Care Nursing
☐ Mental Health Nursing
☐ Diabetes Management and Education
☐ General Practice Nursing
☐ Midwifery

Pages 1-3 including attachments must be scanned and submitted in two places:

1. Email: clinical.placements@flinders.edu.au
   Or post to: Professional Experience Placement Unit
   School of Nursing & Midwifery
   Flinders University
   GPO Box 2100
   Adelaide SA 5001

2. Please retain a copy to upload to the submission link on your FLO topic site when you have access (one week prior to the start of semester).
PRE-PLACEMENT REQUIREMENTS CHECKLIST

Please refer to the Postgraduate professional experience placement (PEP) website for information and instructions on completing the following requirements: http://flinders.edu.au/nursing/clinical-placement/postgraduate-programs.cfm.

Please indicate that you have completed these requirements by ticking the boxes.

☐ Police check organised

☐ Pre-Place online orientation completed

☐ SA Health online orientation completed (South Australian placements only)

☐ Evidence of immunisation status organised

☐ InPlace declarations completed
  ☐ copy of evidence attached

☐ PEP ID card form with original passport sized photograph posted to the Professional Experience Placement Unit

☐ Statement of clinical support form completed
  ☐ copy attached

☐ Request for an affiliation agreement form completed if required. If your host organisation is not affiliated with Flinders University please complete and submit the form on the next page. Please email clinical.placements@flinders.edu.au if you’re uncertain if an agreement is in place.
REQUEST FOR AN AFFILIATION AGREEMENT

This form should be completed if an Affiliation Agreement is not in place.

If you are uncertain if your host organisation has an Affiliation with Flinders University please email the Professional Experience Placement Unit clinical.placements@flinders.edu.au.

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.

<table>
<thead>
<tr>
<th>Student ID (if known):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td></td>
</tr>
<tr>
<td>Course/Topic Coordinator at Flinders University:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMAL name of Clinical Venue/Health Service Provider and ABN:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address of Clinical Venue/Health Service Provider:</td>
<td>State:</td>
</tr>
<tr>
<td>Mailing Address of Clinical Venue/Health Service Provider (if different from above):</td>
<td>State:</td>
</tr>
<tr>
<td>Name of Contact Person at Clinical Venue/Health Service Provider:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Proposed Dates of Professional Experience Placement (PEP):</td>
<td></td>
</tr>
</tbody>
</table>
REQUEST FOR PROFESSIONAL EXPERIENCE PLACEMENT (PEP) ID CARD

Please complete this form and post to:

Professional Experience Placement Unit
School of Nursing & Midwifery
Flinders University
GPO Box 2100
ADELAIDE SA 5001

Course:
☐ Graduate Certificate
☐ Master of Nursing
☐ Master of Nursing (Nurse Practitioner)
☐ Graduate Diploma
☐ Master of Midwifery
☐ Master of Advanced Clinical Practice

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
☐ Midwifery

PHOTO FOR PROFESSIONAL EXPERIENCE PLACEMENT (PEP) ID CARD
(To be completed by all applicants)

Please CLIP one ‘passport sized’ photograph above. Please note: do not attach a photocopied or scanned photo. You must attach a passport sized original.

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

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

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

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

The PEP ID Card will be sent to your postal address as stated on your student record. Please ensure your contact details are correct on the student system.