

STATEMENT OF CLINICAL SUPPORT

Graduate Certificate in Critical Care Nursing (SATAC code 2GC188 or 2GC688)

Please note: This form must be completed by all applicants and uploaded to their SATAC application.

| Section 1: Applicant details | | | |
|------------------------------|--|------------------|--|
| SATAC Reference Number | | | |
| Family Name | | | |
| Given Names | | | |
| Date of Birth | | Telephone Number | |
| Email Address | | | |

Flinders University is unable to arrange professional experience placements (PEPs) for students in this course; therefore, applicants need to accept responsibility for sourcing their own PEPs and confirm they have Line Manager support to meet the requirements of Work Integrated Learning (WIL) topics listed below.

So that the University can be confident you will meet the requirements of the WIL topics to complete the course, you are required to confirm you:

- work in and/or have access to a tertiary or quaternary institution with an Intensive Care Unit/High Dependency Unit; and
- have your Line Manager support to undertake PEPs for the two 192-hour WIL topics in said Intensive Care Unit/High Dependency Unit.

| Section 2: Applicant Declaration (all must be ticked) | |
|---|--|
| <input type="checkbox"/> | I declare that I work in/have access to a tertiary or quaternary institution with an Intensive Care Unit/High Dependency Unit, and |
| <input type="checkbox"/> | I declare that I will be able to arrange the required number of PEP hours to complete the two WIL topics in said Intensive Care Unit/High Dependency Unit. |
| Applicant Signature | |

| Section 3: Unit Manager Support | |
|---|--|
| I agree to provide this applicant with the required support to complete the PEP hours for the WIL topics below (one per semester) in my unit/department by facilitating shifts/sessions totalling 192 hours per topic, should they receive an offer to this course. | |
| Graduate Certificate in Critical Care Nursing WIL topics | |
| <input type="checkbox"/> NURS8741 Professional Experience in Resuscitation Across the Lifespan (WIL) | |
| <input type="checkbox"/> NURS8743 Critical Care Nursing Practice (WIL) | |
| Line Manager Name | |
| Phone Number | |
| Name of WIL venue/organisation | |
| Email Address | |
| Line Manager Signature | |