

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 that the required support will be provided to the applicant to undertake the professional experience placement components of the course within this workplace (<i>please tick</i>):	
<input type="checkbox"/>	Provide the required number of placement hours in the designated nursing environment.
<input type="checkbox"/>	Allocate or assist with the choice of preceptor(s) in the clinical area.
<input type="checkbox"/>	Supervision and assistance with the acquisition of clinical skills
<input type="checkbox"/>	Provide guaranteed support for the entirety of the agreed placement duration.
Graduate Certificate in Critical Care Nursing WIL topics (<i>please tick</i>):	
<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	