

Line Manager Signature

STATEMENT OF CLINICAL SUPPORT

Graduate Certificate in Emergency Nursing (SATAC code 2GC189 or 2GC689)

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			
A requirement of the Flinders Graduate Ce undertaking NURS8752 Emergency Nursin complete compulsory pre-placement compuported at their workplace for the place placements (PEPs) for students in this cour requirements of Work Integrated Learning Students undertaking WIL placements in Nand assessment.	g Practice 2) at their worl pliance and have their cli ement duration. Flinders rse; therefore, applicants g (WIL) required for NURS	kplace (Work Integrated Le nical manager complete th University is unable to arra need to confirm they have 18752 Emergency Nursing F	earning Placement). Students must his form to demonstrate they will be ange professional experience e Line Manager support to meet the Practice 2.
So that the University can be confident yourequired to confirm you: • work in a venue with an Emergen • have your Line Manager support said Emergency Department.	icy Department, and		to complete the course, you are riod when completing NURS8752 in
Section 2: Applicant Declaration (all must be ticked)			
☐ I declare that I work in a suitable organisation/institution with an Emergency Department, and			
☐ I declare that I will be able to arrange t Emergency Department.	he required number of P	EP hours to complete the I	required WIL placement in said
Applicant Signature			
Section 3: Unit Manager Support			
I agree that the required support will be components of the course within this wo		t to undertake the professi	onal experience placement
\square Provide the required number of work hours in the designated nursing environment (192 hours over 10 weeks).			
Assist with the allocation of mentors / preceptor(s) in the clinical area as required.			
Provide guaranteed support for the entirety of the agreed placement duration.			
Line Manager Name			
Phone Number & Email Address			
Name of Ward/Unit			
Name of WIL Venue/organisation			