

STATEMENT OF EMPLOYMENT – MENTAL HEALTH NURSING

This form must be completed by all applicants for the Graduate Certificate in Acute Care Nursing (Mental Health), the Graduate Diploma in Nursing (Mental Health) and the Master of Nursing (Mental Health) as confirmation they are currently working in mental health nursing and their workplace approves the undertaking of the course placement within the workplace.

Applicant Details

SATAC application number:		Title: (Mr, Mrs, Ms, Dr)	
Given Name:		Family Name:	
Telephone Number:		Date of Birth:	
Email Address:			

Employer Details

Organisation Name:	
Clinical Manager's Name:	
Clinical Manager's Email and Phone number:	
Applicant's Employment Status: (e.g. Full Time/Part Time/Contract etc)	

Clinical Manager declaration

As Clinical Manager I declare that the applicant is working in the area of mental health nursing and that I approve them undertaking placement with us.

Signature:		Date:	
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Applicant declaration

I am currently working in a mental health nursing area:	<input type="checkbox"/> Yes	Mental Health Focus:	
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As the applicant I declare that the information on this form is true and correct.

Signature:		Date:	
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Email the completed form to askflinders@flinders.edu.au.