



Application

THE FACULTY OF NURSING & MIDWIFERY ~ THE UNIVERSITY OF SYDNEY

POST GRADUATE COURSEWORK (LOCAL STUDENTS)

Please complete all sections in BLOCK LETTERS

1. PERSONAL DETAILS

Title: Mr Mrs Ms Miss Other (please specify)

Family name Other names

Date of birth Home phone

Work phone Mobile phone

Email address Fax number

Mailing address

Suburb/town Postcode Country

Have you ever been a student at The University of Sydney or the former Cumberland College of Health Sciences?

No Yes (If yes, please enter you student number)

Please Note: If this application is approved, your enrolment form will be produced from the information provided. INCOMPLETE or ILLEGIBLE information will delay your enrolment.

RESIDENCY STATUS

Australian Citizen Australian Permanent Resident New Zealand Citizen

NURSING REGISTRATION

Do you hold a CURRENT Nurses Registration Board Annual Practising Certificate?

No Yes (If yes, please attach a certified copy to your application)

2. COURSE OF STUDY

Please place a tick against the course of study you wish to undertake and the specialty area (refer to the Faculty website for course offerings), or if you are seeking admission into more than one course please indicate your order of preference.

Graduate certificate in:
 Graduate diploma in:
 Masters in:

Mode of study: Full time Part time

I am applying for the: Semester 1 intake



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3. STATEMENT OF SUPPORT

If you are applying for any of the following courses, please complete this section:

- Graduate Certificate in Emergency Nursing
- Graduate Certificate in Intensive Care Nursing
- Graduate Diploma in Emergency Nursing
- Graduate Diploma in Intensive Care Nursing
- Master of Emergency Nursing
- Master of Intensive Care Nursing

Please indicate the area you wish to study (please tick one of the following):

Emergency Nursing Intensive Care Nursing

Please specify the hospital in which you anticipate undertaking the clinical component of this course:

Statement of Support from Supervisor

Applicants for the above courses are to have their Supervisor in the Emergency or Intensive Care area complete the following statement of support for their candidature.

I agree to the provision of appropriate support for the applicant's candidature to include the assessment of the clinical skills component of this degree by a suitably qualified assessor as agreed with the Faculty of Nursing and Midwifery, University of Sydney.

Signature of applicant's supervisor

Name (please print)

Position

Hospital

Contact Phone

Date



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7. AUTHORISATION OF PERSON TO ACT ON YOUR BEHALF FOR APPLICATION PURPOSES (OPTIONAL)

Do you wish to authorise a relative or friend to act on your behalf in your absence?

No Yes

If Yes, please complete the following declaration:

I, _____ hereby authorise

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whose signature appears below, to act on my behalf in my absence in matters relating to my application for 2010 admission:

Signature of Proxy

Signature of Applicant

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8. DECLARATION

- I declare that I have read the instructions and that all the information submitted is correct and complete;
- I have attached documentary evidence of all my qualifications, and the originals of all academic transcripts and other required documents;
- I consent to The University of Sydney obtaining official records from any educational institutions attended by me;
- I understand that The University of Sydney reserves the right to vary or cancel an application made on the basis of incorrect or incomplete information; and
- I undertake to advise the Registrar immediately of any change in the information contained in this application.

Signature of Applicant

Date

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How did you find out about the course?

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Please indicate the ATSI category that applies to you (please tick one of the following):

- Neither Aboriginal nor Torres Strait Islander;
- Of Torres Strait Islander origin;
- Of Aboriginal origin; or
- Of Aboriginal AND Torres Strait Islander origin.

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS



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9. SUBMISSION CHECKLIST – APPLICANT TO COMPLETE STUDENT CHECKLIST

	Student to Complete	Office Use Only	
	Student Checklist	Received	Date Requested
1. Original transcripts of academic qualifications stating successful completion from institutions other than University of Sydney. If you would like your originals returned to you, please provide a self-addressed registered post envelope.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Certified copy of a Current Nurses Registration Board Annual Practicing Certificate (see point 5 below).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Certified copies of marriage certificate or other documentation if name changes are to be verified (see point 5 below).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. A certified copy of evidence of Australian citizenship or Permanent Residency or New Zealand Citizenship (see point 5 below).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Certified translated copies of any documentation not in English (see point 5 below).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

INSTRUCTIONS AND RULES FOR APPLICATION SUBMISSION

You should note that:

1. Admission is competitive and will depend on availability of places;
2. Continued enrolment is subject to demonstrated satisfactory annual progress;
3. This application is NOT an enrolment form, nor does it guarantee admission, nor does it imply any commitment to financial assistance.
4. Any documentary evidence of studies taken overseas in a language other than English must be accompanied by an official translation issued by a recognized translation authority. All copies must be certified by a Justice of the Peace
5. The completed application form is to be returned with certified copies of the required documents and original academic transcripts. A certified copy is one that is authorised by a recognized authority (for example a Justice of the Peace or a Commissioner of Oaths) as a genuine copy of the original. If the application is lodged in person at the Student Services counter (please see details below), the certification can be done by this staff member who will sight the original documents and immediately return them to the applicant. Please note that applicants are responsible for making copies before submission.

PLEASE SUBMIT APPLICATIONS TO:

By mail:

Student Services, Faculty of Nursing & Midwifery (Building M02), The University of Sydney
88 Mallett Street, Camperdown NSW 2050

In person:

Student Services, Ground Floor, Building C, Faculty of Nursing & Midwifery
The University of Sydney, 88 Mallett Street, Camperdown NSW 2050
During counter hours: Monday–Thursday 10am to 4pm and Friday 10am to 1pm

Closing Dates

Semester 1 (1 December 2009)

Note: Late applications will be considered.

