

Return to Practice and Initial Registration (Overseas Nurses) course

Application and Enrolment



DEAKIN
UNIVERSITY AUSTRALIA

Student ID number

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Please complete if you are
a former Deakin student

Office use only

Admission process cat.	<input type="text"/>		
Course code	<input type="text"/>		
Location	<input type="text"/>	Mode	<input type="text"/>
		Type	<input type="text" value="U"/>
Basis for admission	<input type="text"/>		
Correspondence cat.	<input type="text"/>		
Fee category	<input type="text"/>		
Application assessed by	<input type="text"/>		<input type="text"/>
Application keyed by	<input type="text"/>		<input type="text"/>
Enrolment entered by	<input type="text"/>		<input type="text"/>

Updated 01/2010

01 Personal details

TITLE	FAMILY NAME
GIVEN NAMES	
GENDER (M OR F)	DATE OF BIRTH
PREVIOUS NAME (IF APPLICABLE)	

02 Postal address

No. & STREET	
SUBURB	POSTCODE
STATE COUNTRY	TEL (Mobile)
TEL (Home)	TEL (Business)
FAX	EMAIL

03 Australian Permanent Residency (please attach a certified copy of Australian residency status (not applicable to return to practice students))

04 AHPRA or NBV letter (please attach certified copy of letter from AHPRA or NBV confirming your application for registration as a division 1 nurse (dated within 1 year for AHPRA or 2 years for NBV))

05 English language proficiency (not applicable to return to practice students)

Applicants must provide certified documentary evidence of English proficiency.
Which of the following have you attained:

<input type="checkbox"/>	An overall B pass in Occupational English Test (OET).	Please indicate test date	<input type="text"/>
<input type="checkbox"/>	English Language Testing System (IELTS) – Academic test: a score of at least 7 in all four components of IELTS (Reading; Listening; Writing and Speaking) with an overall band score of at least 7.	Please indicate test date	<input type="text"/>

06 Academic transcript (please attach certified English translation of your academic transcript)

07 Nursing Registration/Licence (please attach certified copy of your nursing registration)

08 Tertiary education

Are you already enrolled in a Deakin course? Yes No

Have you ever been excluded or expelled from a course at any institution? Yes No (If Yes, please supply details)

If your previous studies were at Deakin or one of its antecedent institutions, your application will be handled more expeditiously if you supply a certified copy of your academic transcript. If this is not possible, please provide your student number and the last year of your enrolment.

Deakin Student ID Last year of enrolment

Have you attempted a Return to Practice/Initial Registration (Overseas Nurses) course previously? Yes No Date

If yes, please indicate the name of the institution.

09 Educational history

Qualifications	Year	Institution	Country	Are documents attached? (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Nursing experience

In addition to completing this section please attach a brief summary of your recent nursing responsibilities as evidence of practice.

Employer	Year started	Year finished	Position	Full time/Part time	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11 Final checklist

Use this checklist to ensure that you have completed ALL the steps necessary for your application.

- Tick if you have completed ALL relevant sections of the application form
- Tick if you have included certified photocopies of ALL relevant documentation
- Tick if you have included ALL relevant supporting information
- Tick if you have signed the Declaration
- Tick if you have completed the statistics on the last page

12 Declaration

- I declare the information supplied by me in this application and the documentation supporting it is complete and correct.
- Where records of prior study have been provided in support of my application, I authorise Deakin University to conduct a search and retrieval of my academic record from my previous institution/s to verify the information contained in my application.
- I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of Deakin University.
- I have read the relevant course information provided including course structure and requirements.
- I acknowledge I have a responsibility to seek course advice prior to varying my enrolment or re-enrolling in future years.
- I agree to pay all fees and charges arising from this enrolment.
- I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedures of Deakin University.
- I consent to the University corresponding with me by electronic means.
- I consent to such of my personal identifying data being provided to the Department of Education, Employment and Workplace Relations (DEEWR) as is necessary for allocation of a CHESSN (Commonwealth Higher Education Student Support Number) and to enable management of my SLE (Student Learning Entitlement).
- I understand that I am required to have access to a computer and the internet and will check my Deakin email account and the Student Portal at least weekly.
- For International students only - I declare that I am in possession of the appropriate visa for my intended study program.

Signature Date

Please return your completed application to:

Professional Development Unit
 School of Nursing and Midwifery
 Faculty of Health
 221 Burwood Highway
 Burwood Vic 3125
 Telephone 03 9251 7776, 03 9251 7777

13 Unit details

You may apply for units to the value of 3 credit points per trimester. List below the units for which you seek to enrol. Refer to the Deakin Handbook or web site <www.deakin.edu.au/handbook> for valid unit codes, names and credit point values. Note: not all units are offered in both study modes, and most units are only offered in one trimester.

Unit code <input type="text" value="H"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> Period <input type="checkbox"/> CTI (January) <input type="checkbox"/> CT2 (May) Campus <input type="checkbox"/> Geelong <input type="checkbox"/> Geelong Waterfront <input checked="" type="checkbox"/> Melbourne (Burwood) <input type="checkbox"/> Warrnambool Class <input checked="" type="checkbox"/> D (Day) <input type="checkbox"/> E (Evening) <input type="checkbox"/> X (Off-campus) <input type="text" value="1"/> Credit point value	Unit name <input type="text" value="Nursing in Australia"/>	Deakin Selection Officer use only (Please tick) <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved (Please cross out unit) Reason <input type="text"/> Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/>
Unit code <input type="text" value="H"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> Period <input type="checkbox"/> CTI (January) <input type="checkbox"/> CT2 (May) Campus <input type="checkbox"/> Geelong <input type="checkbox"/> Geelong Waterfront <input checked="" type="checkbox"/> Melbourne (Burwood) <input type="checkbox"/> Warrnambool Class <input checked="" type="checkbox"/> D (Day) <input type="checkbox"/> E (Evening) <input type="checkbox"/> X (Off-campus) <input type="text" value=".5"/> Credit point value	Unit name <input type="text" value="Legal and ethical aspects of Australian Nursing practice"/>	Deakin Selection Officer use only (Please tick) <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved (Please cross out unit) Reason <input type="text"/> Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/>
Unit code <input type="text" value="H"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/> Period <input type="checkbox"/> CTI (January) <input type="checkbox"/> CT2 (May) Campus <input type="checkbox"/> Geelong <input type="checkbox"/> Geelong Waterfront <input checked="" type="checkbox"/> Melbourne (Burwood) <input type="checkbox"/> Warrnambool Class <input checked="" type="checkbox"/> D (Day) <input type="checkbox"/> E (Evening) <input type="checkbox"/> X (Off-campus) <input type="text" value=".5"/> Credit point value	Unit name <input type="text" value="Political, social and cultural aspects of nursing in Australia"/>	Deakin Selection Officer use only (Please tick) <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved (Please cross out unit) Reason <input type="text"/> Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/>
Unit code <input type="text" value="H"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> Period <input type="checkbox"/> CTI (January) <input type="checkbox"/> CT2 (May) Campus <input type="checkbox"/> Geelong <input type="checkbox"/> Geelong Waterfront <input checked="" type="checkbox"/> Melbourne (Burwood) <input type="checkbox"/> Warrnambool Class <input checked="" type="checkbox"/> D (Day) <input type="checkbox"/> E (Evening) <input type="checkbox"/> X (Off-campus) <input type="text" value=""/> Credit point value	Unit name <input type="text" value="Clinical learning program"/>	Deakin Selection Officer use only (Please tick) <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved (Please cross out unit) Reason <input type="text"/> Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/>

Statistics

- Your enrolment cannot be completed if these statistics are not provided.
- These statistics are required by the Department of Education, Employment and Workplace Relations (DEEWR) pursuant to Subdivision 19-70(1) of the *Higher Education Support Act 2003*. The statistics are collated and provided to DEEWR and do not identify individual students.

01 Are you of Aboriginal or Torres Strait Islander descent? (Select one only)

- No
 Yes—Aboriginal
 Yes—Torres Strait Islander
 Yes—Aboriginal and Torres Strait Islander

02 What is your citizenship status during this year? (Select one only)

- Australian Citizen
 New Zealand Citizen (see 03)
 Permanent Humanitarian Visa Holder (proof required—see 03)
 Permanent Visa Holder (not Humanitarian—see 03)
 Temporary Entry Permit Holder
 Other status

03 If you are a student who is a New Zealand Citizen, has Permanent Residence status, or is the holder of a Permanent Humanitarian Visa, select a statement that best describes your circumstance below.

- You are residing inside Australia for the Trimester or outside Australia as a requirement of the course.
 You are residing outside Australia for the Trimester but not because of a requirement of the course.

04 In what country is your permanent home address?

Australia Postcode
 Other country Name

05 In what country is your residence during the year?

Australia Postcode
 Other country Name

06 In what country were you born?

Australia
 Other country Name
 Year of arrival in Australia

07 Do you speak a language other than English at your permanent home residence?

Yes No Language

08 If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?

09 Please indicate your parents/guardians gender and highest level of education.

Parent 1	Parent 2
<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female

Parent 1	Parent 2
<input type="checkbox"/>	<input type="checkbox"/> Postgraduate qualification
<input type="checkbox"/>	<input type="checkbox"/> Bachelor degree
<input type="checkbox"/>	<input type="checkbox"/> Other post school qualification
<input type="checkbox"/>	<input type="checkbox"/> Completed year 12 or equivalent
<input type="checkbox"/>	<input type="checkbox"/> Did not complete year 12 or equivalent
<input type="checkbox"/>	<input type="checkbox"/> Completed year 10 or equivalent
<input type="checkbox"/>	<input type="checkbox"/> Did not complete year 10 or equivalent
<input type="checkbox"/>	<input type="checkbox"/> Not sure

10 What is the highest attainment of education you completed prior to this course? (Select one only)

- A complete higher education postgraduate course
 A complete higher education bachelors degree course
 A complete higher education sub-degree course
 An incomplete higher education course
 A complete final year of secondary education course (at school or TAFE)
 A complete other qualification or certificate of attainment or competence
 No prior educational attainment
 A complete TAFE (VTE) award course
 An incomplete TAFE (VTE) award course
 Last year of enrolment was:

11 If you have undertaken prior undergraduate studies please provide the name of the institution at which you studied?

12 Do you have a disability, impairment or long-term medical condition which may affect your studies?

Yes No

13 If 'Yes' to '12', please indicate the area(s) of impairment?

<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning
<input type="checkbox"/> Mobility	<input type="checkbox"/> Vision
<input type="checkbox"/> Medical	<input type="checkbox"/> Other

14 If 'Yes' to '12', would you like to receive advice on support services, equipment and facilities which may assist you?

Yes No

I hereby declare that the information provided is correct and complete

Signature

Date / /