

School of Nursing and Midwifery Critical Care courses

Semester 1, 2025

Applications open July 29,
2024

Cloud online



Essential document to be completed and uploaded with an application to any of the following courses. Please tick the course you are applying for below:

Course code. Course Name	Course applying for ✓
H545. GRADUATE CERTIFICATE OF INTENSIVE CARE NURSING <i>Nurses employed in intensive care or high dependency clinical areas</i>	<input type="checkbox"/>
H565. GRADUATE CERTIFICATE OF CARDIAC NURSING <i>Nurses employed in cardiac areas including coronary care, cardiothoracics and interventional cardiology</i>	<input type="checkbox"/>
H566. GRADUATE CERTIFICATE OF EMERGENCY NURSING <i>Nurses employed in emergency departments</i>	<input type="checkbox"/>
H567. GRADUATE CERTIFICATE OF CRITICAL CARE NURSING <i>Nurses employed across multiple critical care areas including intensive care, high dependency and emergency departments</i>	<input type="checkbox"/>
H645. GRADUATE DIPLOMA OF INTENSIVE CARE NURSING	<input type="checkbox"/>
H665. GRADUATE DIPLOMA OF CARDIAC NURSING	<input type="checkbox"/>
H666. GRADUATE DIPLOMA OF EMERGENCY NURSING	<input type="checkbox"/>
H667. GRADUATE DIPLOMA OF CRITICAL CARE NURSING	<input type="checkbox"/>

Applicant information - please complete:

Applicant Name

Contact email

Contact Phone

Confirmation of Health Service Support

Deakin University needs confirmation that you, as the applicant, have a health service supported position as a postgraduate student as well as meeting Deakin University entry requirements for the course. The following is **essential information** and Deakin will confirm/verify information provided.

deakin.edu.au

Deakin University CRICOS Provider Code: 00113B

Health Service declaration - Essential Information (must be completed to be considered for a place in the course)

Health Service name

Health Service site/
Campus

Select appropriate
position held (drop down)

If 'other' selected above, please provide more information:

Contact phone number:

Contact email:

I confirm that I am aware that (insert name of applicant to the course)

is applying for the Deakin University course ticked on page 1. I am aware of the clinical requirements of the course, including clinical supervision and assessment, minimum clinical hours and University study days, and will provide onsite clinical support for the duration of the course.

Signature of Health Service Representative

***If a Health Service requires more information on clinical support required, please contact the School of Nursing and Midwifery at Deakin University via email: nm-support@deakin.edu.au*