

Perioperative suite of courses

This form must be reviewed and signed by the supporting health service. Students require clinical exposure related to the course and the core clinical unit/s they enroll in.

Cloud online

Section 1: Completed by Applicant

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 ✓
H572. GRADUATE CERTIFICATE OF PERIOPERATIVE NURSING <i>This course is suitable for nurses who want to specialise in perianaesthesia and intraoperative nursing</i>	
H568. GRADUATE CERTIFICATE OF INTRAOPERATIVE NURSING <i>Clinically supported to enroll in core Perianaesthesia Nursing unit for Semester 1: Y N</i>	
H569. GRADUATE CERTIFICATE OF PERIANAESTHESIA NURSING <i>Clinically supported to enroll in core Intraoperative Nursing unit for Semester 1: Y N</i>	
H672. GRADUATE DIPLOMA OF PERIOPERATIVE NURSING	
H668. GRADUATE DIPLOMA OF INTRAOPERATIVE NURSING* <i>Clinically supported to enroll in core Perianaesthesia Nursing unit for Semester 1: Y N</i>	
H669. GRADUATE DIPLOMA OF PERIANAESTHESIA NURSING* <i>Clinically supported to enroll in core Intraoperative Nursing unit for Semester 1: Y N</i>	

*Diploma courses commence with Graduate Certificate units (unless recognition of prior learning is awarded).

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.

Section 2: Completed by Health Service

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

Name of Health Service

Health Service site/ Campus

Select appropriate
position held (drop down)

Contact name:

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. I **acknowledge students require clinical exposure related to the course and the core clinical unit/s they are enrolled in.***

Signature of Health Service Representative

If Health Service Representative is not a clinical educator, please supply name and contact details for the supporting clinical educator:

Contact name:

Contact phone number:

Contact email:

*****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***