

School of Nursing and Midwifery

# Graduate Diploma of Midwifery

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 the following course. Please tick the course you are applying for below:**

Course code. Course Name	Course applying for ✓
H676. GRADUATE DIPLOMA OF MIDWIFERY	<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.

## 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***

**Date signed:**

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](mailto:nm-support@deakin.edu.au)***