Graduate Diploma in Nursing (Mental Health) (GDNUR)
Confirmation of Employment

Australian students: This form must be completed and uploaded to SATAC before an application for admission can be considered.

International students: This form must be completed and uploaded with your International Application System application before admission can be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Confirmation of Employment** section must be completed by a manager or other authorised person employed by the organisation where the applicant will be working whilst they complete their studies, if they are successful in securing a place in the program.

Applicant Details and Declaration (This section to be completed by the applicant)	
Given Name(s):	Family Name:
Contact Number:	
AHPRA Number:	
SATAC Reference Number (9 digits): (Domestic applicants)	_ _ _ _ _ _ _ _ _
International Application System Application ID (8 digits): (International applicants)	_ _ _ _ _ _ _ _
Employer Organisation Name:	

- ☐ I have reviewed the course information and are aware of the clinical placement requirements for the Graduate Diploma in Nursing (Mental Health), specifically the requirement to complete a total of 240 hours in work integrated learning.
- ☐ I have discussed the clinical placement requirement with my employer, and the need to complete 120 hours in a community mental health setting and 120 hours in an acute mental health setting.
- ☐ My employer will arrange for me to be assigned to venues that will enable me to meet these clinical requirements. If this is not possible, I understand that the University will arrange for me to undertake one supernumerary (unpaid) placement (in community or acute mental health) at the scheduled placement time (between July and November), with the approval of my employer.
- ☐ I understand that my enrolment in this program pathway is dependent on maintaining employment within a mental health facility able to accommodate placement requirements for the duration of the study program.

Applicant Signature: _____

Date: DD / MM / YYYY

Confirmation of Employment (This section to be completed by a manager or authorised employee)

- ☐ I certify that the applicant named is currently employed or will be employed within a Mental Health Facility for the duration of their study program.
- ☐ I certify that the applicant named will be able to complete a minimum of 120 hours of clinical placement in acute (inpatient) mental health for the organisation named below.
- ☐ I certify that the applicant named above will be able to complete a minimum of 120 hours of clinical placement in a community mental health setting for the organisation named below.
- ☐ I certify that the applicant named will be granted permission to take leave to achieve the minimum of 120 hours of acute or community placement, if the below named organisation is unable to facilitate this placement.

Manager or Authorised Employee Details

Applicant Name:	
Manager or Authorised Employee Name and Title:	
AHPRA Number:	
Ward/Area:	Mental Health Focus:
Name and address of Organisation:	
Contact number:	Email:
Manager or Authorised Employee Signature: _____	Date: DD / MM / YYYY

Enquiries:
If you have any questions about this form, please connect with our **Future Student Enquiries Team**
Phone **+61 8 7420 5115**
Online enquiry form: https://adelaideuni.edu.au/contact/