

# COUNTRY HEALTH SA

## TRANSITION TO PROFESSIONAL PRACTICE APPLICATION FORM 2010

<b>TITLE</b>	<b>MR</b>	<b>MRS</b>	<b>MS</b>	<b>MISS</b>	<b>(Please circle)</b>
<b>SURNAME:</b>					
<b>GIVEN NAMES:</b>					
<b>ADDRESS:</b>					
<b>SUBURB:</b>					<b>POST CODE:</b>
<b>POSTAL ADDRESS: (If different from above)</b>					
<b>EMAIL ADDRESS:</b>					
<b>TELEPHONE:</b>					<b>SILENT NO: YES NO (Please circle)</b>
<b>HOME:</b>					
<b>WORK:</b>					
<b>MOBILE:</b>					

### NEXT OF KIN DETAILS

<b>FULL NAME:</b>					
<b>RELATIONSHIP:</b>					
<b>TELEPHONE:</b>					
<b>HOME:</b>					
<b>MOBILE:</b>					<b>SILENT NO: YES NO (Please circle)</b>

<b>DATE OF BIRTH:</b>  / /	<b>GENDER:</b>  <b>MALE / FEMALE</b>	<b>COUNTRY OF BIRTH:</b>	<b>NATIONALITY</b>
<b>ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA?</b> YES / NO <small>(Please provide appropriate documentation of work visas etc)</small>		<b>AUSTRALIAN CITIZEN</b>	<b>YES / NO</b>
		<b>DATE OF CITIZENSHIP</b>	<b>/ /</b>
<b>The following information is for statistical data purposes only: requested by the office for the Commissioner for Public Employment</b>			
<b>Is English your first language spoken at home?</b>			<b>YES / NO</b>
<b>Are you of Aboriginal or Torres Strait Islander descent?</b>			<b>YES / NO</b>

### NURSING REGISTRATION REQUIREMENTS

<b>Are you Registered with the Nurses Board of South Australia?</b>		<b>YES / NO</b>
Registration Number:		
Certificate current to:		
Proposed Registration date:		
<b>Are you a recipient of an undergraduate Country Health SA Scholarship</b>		<b>YES / NO</b>

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<b>PROFESSIONAL REFEREES: (2 required)</b>
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**IMPORTANT NOTE:**

Please ensure at least one of the referees nominated is from an acute care setting and able to comment on your practice as a third year nursing student.

Note: Your second referee may be from a Nursing Home or Hostel where you are/were employed as a carer or nurse assistant. Please be sure to inform your referees that they may be contacted regarding your application until the offer date of Tuesday October 6<sup>th</sup> 2009.

**CLINICAL REFEREE 1**

<b>NAME / TITLE:</b>	<b>OCCUPATION:</b> Relationship to Applicant:
<b>ORGANISATION / DEPT:</b>	<b>BEST DAY TIME CONTACT NUMBER:</b>  <b>Ph:</b>  <b>Mob:</b>

**CLINICAL REFEREE 2**

<b>NAME / TITLE:</b>	<b>OCCUPATION:</b> Relationship to Applicant:
<b>ORGANISATION / DEPT:</b>	<b>BEST DAY TIME CONTACT NUMBER:</b>  <b>Ph:</b>  <b>Mob:</b>

I agree and authorise the employing Health Unit to obtain references (written or verbal) from past employers and/or my present employer and/or other so nominated persons(s).

\_\_\_\_\_ (Signature)

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(Indicate with a tick ✓ your first and second preference)

<u>CLUSTER</u>	<u>HEALTH UNIT</u>	<u>PREF 1</u>	<u>PREF 2</u>
Barossa Gawler Kapunda Eudunda Cluster	Angaston		
	Tanunda		
	Gawler		
	Kapunda/Eudunda		

Yorke Lower North Cluster	Clare		
	Balaklava/Riverton		
	Walleroo		
	Maitland		
	Yorke town		

Riverland Cluster	Berri		
	Renmark/Paringa		
	Loxton		
	Barmera		
	Waikerie		

Adelaide Hills, Southern Fleurieu and Kangaroo Island Cluster	Strathalbyn		
	Mt Barker		
	Gumeracha		
	Mt Pleasant		
	South Coast		
	Kangaroo Island		

Mallee Coorong Cluster	Meningie		
	Murray Bridge		
	Tailem Bend		
	Mannum		
	Pinnaroo		
	Lameroo		
	Karoonda		

Upper South East Cluster	Bordertown		
	Kingston		
	Naracoorte		

Lower South East Cluster	Mt Gambier		
	Penola		
	Millicent		

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Mid North Cluster	Pt Pirie		
	Crystal Brook		
	Gladstone/ Laura		
	Pt Broughton		
	Jamestown		
	Booleroo Centre		
	Orroroo		
	Peterborough		

Remote Northern Health Services Cluster	Pt Augusta		
	Hawker		
	Leigh Creek		
	Roxby Downs		
	Woomera		
	Quorn		

Eastern Eyre Cluster	Whyalla		
	Cleve		
	Kimba		
	Cowell		
Far North Health Services Cluster	Cooper Pedy		
	Oodnadatta		

Western Eyre Health Services Cluster	Pt Lincoln*		
	Ceduna		
	Streaky Bay		
	Wudinna		
	Elliston		
	Cummins		
	Tumby Bay		

Please note:

If you have indicated first and second preferences from different Clusters you need to copy and forward your application to the respective TTPP Coordinator as indicated below.

\* Please note the Pt Lincoln TTPP Program is independent of the Cluster Program.

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PLEASE FORWARD YOUR COMPLETED APPLICATION FORMS WITH YOUR SUPPORTING DOCUMENTATION (**INCLUDE THE ORIGINAL AND TWO PHOTOCOPIES**) TO THE TTPP COORDINATOR OVERSEEING YOUR PREFERENCES AS LISTED BELOW:

<p><b>BAROSSA, GAWLER, EUDUNDA, KAPUNDA CLUSTER YORKE LOWER NORTH CLUSTER ADELAIDE HILLS, SOUTHERN FLERUIEU &amp; KI CLUSTER MALLEE, COORONG CLUSTER</b> <b>Kath Hampel</b> Professional Development Coordinator Country Health SA PO BOX 858 Nuriootpa SA 5355 Phone: 85612123</p>	<p><b>WHYALLA EASTERN EYRE CLUSTER PT LINCOLN, CEDUNA, MID WEST HEALTH AND LOWER EYRE CLUSTER</b> <b>Lu Burtnik</b> C/O Ceduna District Health Services 3 Eyre Highway Ceduna SA 5690 Phone: 86262110</p> <p>(note: Excluding Whyalla and Pt Lincoln applications)</p>
<p><b>RIVERLAND HEALTH SERVICE CLUSTER</b> <b>Murray Dalglish DON&amp;M</b> Waikerie Health Services 1 Lawrie Tce Waikerie SA 5330 Phone: 85410555</p>	<p><b>REMOTE NORTHERN HEALTH SERVICES CLUSTER</b> <b>FAR NORTH HEALTH SERVICES CLUSTER</b> <b>Ann-Marie Sigut</b> Pt Augusta Health Service Hospital Road Port Augusta SA 5700 Phone: 86485895</p>
<p><b>MID NORTH CLUSTER</b> <b>Margaret Neumeister</b> Port Pirie Regional Health Service PO Box 546 Port Pirie SA 5540 Phone: 86384589</p>	<p><b>UPPER SOUTH EAST CLUSTER LOWER SOUTH EAST CLUSTER</b> <b>Heather Ashby</b> Mt Gambier and Districts Health Service PO Box 267 Mt Gambier SA 5290 Phone: 87211521</p>
<p><b>WHYALLA HOSPITAL &amp; HEALTH SERVICES</b> <b>Meredith Bruce</b> Whyalla Hospital &amp; Health Services PO Box 267 Whyalla SA 5600 Phone: 86488510</p>	<p><b>PT LINCOLN HEALTH SERVICE</b> <b>Sandy LeBrun, DON&amp;M</b> PO Box 630 Port Lincoln SA 5606 Phone: 86832257</p>

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## DOCUMENTATION CHECKLIST

	DOCUMENT (Please attach in this numerical order)	TICK
1.	A passport size photo	
2.	<p>A covering letter indicating your desire to undertake a transition to Professional Practice Program (GNP) within Country Health SA. Included in this letter please comment on the following dot points. (One page should be sufficient.)</p> <ul style="list-style-type: none"> <li>➤ Why are you looking for a TTPP program in the rural setting? Comment on your health unit preference to support your application.</li> <li>➤ What are your expectations for a TTPP in Country Health SA?</li> <li>➤ What personal attributes and professional qualities do you possess that will assist and be of benefit to you and the organisation within a rural environment?</li> <li>➤ Comment on the factors that must be taken into consideration when caring for patients from different cultural backgrounds.</li> </ul>	
3.	Transition to Professional Practice Application Form 2010 (Consent Signed)	
4.	Country Health SA Declaration on Application for Employment in Dept. Health ( 4 signatures required)	
5.	A copy of your Academic Transcript to date (Key to the results to be included) <i>Note: Please forward a copy of your final academic transcript as soon as possible.</i>	
6.	Clinical Placement Reports (Including most recent clinical placement)	
7.	Referees documented with most available day time contact number and consent obtained	
8.	A brief Curriculum Vitae (no more than two pages)	

**CLOSING DATE FOR APPLICATIONS: August 31 2009**

PLEASE MARK APPLICATION 'CONFIDENTIAL'

PLEASE ENSURE ALL DOCUMENTS ARE SECURELY FASTENED BUT NOT STAPLED