

COUNTRY HEALTH SA



TRANSITION TO PROFESSIONAL PRACTICE APPLICATION FORM 2011

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

NEXT OF KIN DETAILS

FULL NAME:	
RELATIONSHIP:	
TELEPHONE:	
HOME:	
MOBILE:	SILENT NO: YES NO (Please circle)

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

NURSING REGISTRATION REQUIREMENTS

Are you Registered with the Nurses Board of South Australia?	YES / NO				
Registration Number:					
Certificate current to:					
Proposed Registration date:					
Are you a recipient of an undergraduate Country Health SA Scholarship	YES / NO				
Where did you here about this program?	RCNA EXPO	Print Media	Uni Guide	Word of mouth	CHSA website
	Uni EXPO	Nursing Office	Career Fair	Clinical Placement	Other

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PROFESSIONAL REFEREES: (2 required)

IMPORTANT NOTE:

Please ensure at least one of the referees nominated is from an acute/midwifery care setting and able to comment on your final year in your nursing/midwife placements.

(Note for nursing students: 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 5th 2010.

CLINICAL REFEREE 1

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

CLINICAL REFEREE 2

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

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		
	Yorketown		

Riverland Cluster	Berri*		
	Renmark/Paringa		
	Loxton		
	Baramba		
	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		
	Booleeroo Centre		
	Orroroo		
	Peterborough		

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

Whyalla, Coober Pedy and Eastern Eyre Cluster	Whyalla*		
	Cleve		
	Kimba		
	Cowell		
	Coober Pedy		
	Oodnadatta		

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

* Sites offer TTPP RM Graduate Programs

Please note:

If you have indicated first and second preferences from different Clusters you need to copy your application x 3 to the respective TTPP Coordinator as indicated below.

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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>BAROSSA, GAWLER, EUDUNDA, KAPUNDA CLUSTER YORKE LOWER NORTH CLUSTER ADELAIDE HILLS, SOUTHERN FLERUIEU & KI CLUSTER MALLEE, COORONG CLUSTER</p> <p>Kath Hampel Professional Development Coordinator Country Health SA PO BOX 858 Nuriootpa SA 5355 Phone: 85612123</p>	<p>WESTERN EYRE HEALTH SERVICES CLUSTER</p> <p>Sandy LeBrun, DON&M PO Box 630 Port Lincoln SA 5606 Phone: 86832257</p>
<p>RIVERLAND HEALTH SERVICE CLUSTER</p> <p>Murray Dalgleish DON&M Waikerie Health Services 1 Lawrie Tce Waikerie SA 5330 Phone: 85410555</p>	<p>REMOTE & NORTHERN HEALTH SERVICES CLUSTER</p> <p>Ann-Marie Sigut Pt Augusta Health Service Hospital Road Port Augusta SA 5700 Phone: 86485895</p>
<p>MID NORTH CLUSTER</p> <p>Margaret Neumeister Port Pirie Regional Health Service PO Box 546 Port Pirie SA 5540 Phone: 86384589</p>	<p>UPPER SOUTH EAST CLUSTER LOWER SOUTH EAST CLUSTER</p> <p>TTPP RN Applications Heather Ashby Phone: 87211521</p> <p>TTPP RM Applications Fiona Jeffs Phone: 87211329</p> <p>Mt Gambier and Districts Health Service PO Box 267 Mt Gambier SA 5290</p>
<p>WHYALLA, COOBER PEDY AND EASTERN EYRE CLUSTER</p> <p>Meredith Bruce Whyalla Hospital & Health Services PO Box 267 Whyalla SA 5600 Phone: 86488510</p> <p>Note: Whyalla applicants need only submit the original application</p>	



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DOCUMENTATION CHECKLIST

	DOCUMENTS (Please arrange in numerical order (1-9) and have 2 identical copies (1-9) bundled underneath your original application, each with a clip) (Whyalla the exception)	TICK
1.	A passport size photo (drivers licence is suitable)	
2.	A covering letter indicating your desire to undertake a Transition to Professional Practice Program (GNP) within Country Health SA	
3.	<p>A document that responds to the following 5 dot points (2 pages should be sufficient.)</p> <ul style="list-style-type: none"> ➤ Why are you looking for a TTPP program in the rural setting? (Tell us why you have chosen your health unit preference to support your application.) ➤ What are your expectations for a TTPP in Country Health SA? (What do you hope to achieve in this environment.) ➤ What professional qualities do you possess that will assist and be of benefit to you and the organisation within a rural environment? (Consider the following...How do <u>you</u> manage <u>patient safety and risk management</u> and how do <u>you</u> maintain your own <u>personal safety</u> in the workplace? Feel free to site examples as to how you achieve this) ➤ Comment on the factors that must be taken into consideration when caring for patients from culturally diverse backgrounds. ➤ Describe an experience (max 250 words) that has impacted on your professional development and growth. (Consider the following...What have you learnt/what do you do differently as a result of the experience and how did this impact on your practice. Cite the ANMC domain that supports this outcome) 	
4.	Transition to Professional Practice Application Form 2011 (Consent Signed)	
5.	Country Health SA Declaration on Application for Employment in Dept. Health (4 signatures required)	
6.	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>	
7.	Clinical Placement Reports (Including most recent clinical placement)	
8.	Referees documented with most available day time contact number and consent obtained	
9.	A brief Curriculum Vitae (no more than two pages)	

CLOSING DATE FOR APPLICATIONS: August 23rd 2010

PLEASE MARK APPLICATION 'CONFIDENTIAL'
PLEASE ENSURE ALL DOCUMENTS ARE SECURELY FASTENED BUT NOT STAPLED