Bridging/Conversion Course for Enrolled Nurses

Application Form 2011

A bridging course comprising 3 streams has been developed for Enrolled Nurses who have attained either the 2407ADC, the 21358VIC or the HLT43407 Certificate IV in Nursing to upgrade their qualification to the HLT51607 Diploma of Nursing.

This RTO is pleased to offer the bridging course for Enrolled Nurses who registered post 1995 only.

Please note this course is funded via the Skills for Victoria initiative and is offered to Enrolled Nurses who meet the following criteria:

Pre-Requisites:
1: Currently Registered Enrolled Nurse  
2: Successful completion of either the 2407AD, the 21358VIC or the HLT43407 Certificate IV in Nursing (Enrolled/Division 2 Nursing)  
3: Medication Qualification 4 Routes  
4: Successful Vetassess test with scores over 24 in both Literacy & Numeracy  
5: Test Results are current for two years, therefore needed to have been undertaken after March 2010  
6: Currency in HLTFA301B to May 2012  
7: Successfully undertake a pre-course interview

This course spans 46 Study Days and will be delivered on a two day per week basis. A two to three week clinical placement will take place at the conclusion of the theoretical component.

Please note that the clinical placement will take place in a facility designated by the clinical co-ordinator and NOT in the student’s workplace. A student information manual will be provided to each student on enrolment.

This course will commence on Wednesday 5th October, 2011.

Enrolled Nurses who meet the Skills Victoria funding criteria and the Entry Level criteria are eligible for a funded place.

Cost: $1655.00 (including tuition, materials & amenities fees but excluding RPL costs)

Closing Date: Friday 1st September, 2011
The course will be delivered on the following dates:

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>October:</td>
<td>January:</td>
</tr>
<tr>
<td>5, 6, 12, 13, 19, 20, 26, 27</td>
<td>11, 12, 18, 19, 25, 26</td>
</tr>
<tr>
<td>November:</td>
<td>February:</td>
</tr>
<tr>
<td>2, 3, 9, 10, 15, 16, 23, 24, 30</td>
<td>1, 2, 8, 9, 15, 16, 22, 23, 29</td>
</tr>
<tr>
<td>December:</td>
<td>March:</td>
</tr>
<tr>
<td>1, 7, 8, 14, 15, 21, 22</td>
<td>1, 8, 9, 15, 16, 22, 23</td>
</tr>
</tbody>
</table>

Clinical Placements will take during the months of April & May 2012 (TBC)

Cost: $1655.00 (including tuition, materials & amenities fees but excluding RPL costs)

Prospective students who do not have a current VETASSESS test and with scores of over 24 in both Literacy and Numeracy will be required to sit this test.

BOOKINGS ARE ESSENTIAL: Please contact VETASSESS on 9655 4800 to book a place OR download an Application form from www.vetassess.com.au. Cost is $50.00 and payable to VETASSESS. Please complete and return to:

Course Selection Testing:
VETASSESS
GPO Box 2752
Melbourne Vic 3001

*Please attach Vetassess Results with your application. Failure to do so will void your application.

*Closing Date for Applications is 1st September 2011

Fees and Charges:
The ANF (Vic Branch) Education Centre policy on fees and charges pertaining to students undertaking formal courses is as follows:

1. The fees charged per student seeking to undertake a formal accredited course offered by ANF (Vic Branch) Education Centre, and funded by Skills Victoria are as per the criteria set by Skills Victoria in line with Ministerial Direction on Fees & Charges for State Government funded training programs.
2. Any additional fees charged by external facilities will need to be met by the students. However this information will be made available to all students for their consideration, prior to finalising arrangements.

Please note:
The ANF (Vic Branch) Education Centre standard policy of offering members and Job Rep’s discounts cannot apply to Skills Victoria funded courses. To do so would place ANF (Vic Branch) in breach of the AQTF’s Access and Equity standards.

Information regarding refunds and all other policies is incorporated into the student information manual, which is provided to all students enrolling in all Skills Victoria funded accredited courses.

General Information:
A letter will be posted to you within a reasonable time frame as confirmation of receipt of your application. Please contact the ANF Education Centre on 9275 9363 if you have not received one to ensure that your application has been received.

The course will be delivered at the Education Centre at ANF House located at 540 Elizabeth Street, Melbourne.
Personal Details:
Ms/Miss/Mrs/Mr _______  Family Name: __________________________________
First Name:_________________________________   Middle Name: __________________________________
DOB: _______/________/_________        NMW No:________________________________________________
Home Address:_____________________________________________________________________________
Suburb____________________________________________State:_____________ Postcode:_____________
Phone:   (H)_________________________(W)_________________________ (M)________________________
Email:____________________________________________________________________________________
Workplace Name:___________________________________________________________________________
Workplace Address: ______________________________________________Postcode:________________

Payment Details
☐ Cheque   ☐ Credit Card   ☐ Money Order
Credit Card Number: __________ / __________ / __________ / __________
Expiry Date: ______ / ______   Amount $________________
Amount: $1655.00

Cardholder Name:  _______________________________________
Cardholder Signature: _________________________________________
ANF Member: ☐ Yes - Member No: _________________    ☐ No

Are you an Enrolled Nurse?  ☐ Yes  ☐ No

A photocopy of your current AHPRA Registration, Transcript/Statement of Results **MUST** be forwarded with your application and payment.

Make cheques payable to ANF (VIC Branch). Phone enquires on - 03 9275 9363

IT IS ESSENTIAL THAT BOTH SIDES OF THIS FORM BE **FULLY COMPLETED** AND RETURNED TO THIS OFFICE WITH PAYMENT IN ORDER TO EXPEDITE PROCESSING OF YOUR APPLICATION.

*Note: Failure to provide all necessary attachments will result in your application being returned to you for these documents to be attached.* Completion and submission of this application does NOT guaranatee selection into this course.
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS AND INCLUDE COMPLETE DETAILS OF YOUR EMPLOYMENT HISTORY SINCE REGISTERING AS AN ENROLLED NURSE

Current Employers Name: __________________________________________________________

Employers Address: _______________________________________________________________

______________________________________________________________Postcode: ______________

Telephone No: _________________________________

What type of facility e.g. High Care, Low Care, Hostel, Acute Care etc.

_____________________________________________________________________________________

How long have you worked for this employer? ______________

Please state your current position and a brief outline of your role:

Current position: _____________________________________

Your role: __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Previous employer 1. _______________________________________________________________

What type of facility e.g. High Care, Low Care, Hostel, Acute Care etc.

_____________________________________________________________________________________

How long have you worked for this employer? ___________ What position?____________________

Previous employer 2. _______________________________________________________________

What type of facility e.g. High Care, Low Care, Hostel, Acute Care etc.

_____________________________________________________________________________________

How long have you worked for this employer? ___________ What position ?____________________

Previous employer 3. _______________________________________________________________

What type of facility e.g. High Care, Low Care, Hostel, Acute Care etc.

_____________________________________________________________________________________

How long have you worked for this employer? ___________ What position ?____________________
Are you currently registered as an Enrolled Nurse? YES/NO

On what date did you register as an Enrolled Nurse? _______________________

If your response is YES, please attach a copy of the current Nurses Board practising certificate. (If your practicing certificate is not attached, your application will be returned to you)

Name the hospital/educational facility where you undertook your training:

PLEASE ATTACH A TRANSCRIPT/STATEMENT OF RESULTS
(If your transcript is not attached, your application will be returned to you)

*Please name the highest qualification you have attained in Australia

Are you currently undertaking a formal course at a University or TAFE? YES/NO

If you are, please provide details of the course you are undertaking.

Briefly discuss the reason(s) that you wish to undertake this course: