

Bach Nursing Additional Requirements

Programme code: **CH3730**

Programme name: **Bachelor of Nursing**

Supporting documentation to be supplied

You must complete this in addition to the Admission and Enrolment form. Your application will not be processed until you have submitted the Admission and Enrolment form and all additional requirements.

Academic	Evidence provided (certified copy)	Yes/No
Personal	Supply a personal report (not friend or relative) and a report from your high school or most recent employer, using the two Report on Applicant forms attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hold a valid First Aid Certificate (minimum 12 hours) covering NZQA Unit Standards 6400, 6401 and 6402)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Be able to read and write unassisted in English (because of the requirement to independently and accurately read and write case notes and other documentation when in clinical practice).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have good physical and emotional health. If you are successful, you will need to either know your immunisation status or have vaccinations at your expense to meet the policies of the various clinical practice institutions and agencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Requirements	Have evidence of recent relevant work/life experiences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Clinical Placement Out of Christchurch declaration signed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Personal statement completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Health status completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Convictions against the law section completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Requirement	If English is not your first language you are also required to provide evidence of your English language skills as below: IELTS 6.5 Academic (no lower than 6.5 in reading, writing and speaking subtests and 7.0 in listening subtest) or New Zealand Certificate in English Language Level 5 Academic	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: MRSA requirement

In order to participate in the clinical components of the programme, you must meet various Health Authority requirements. Currently MRSA clearance is required by clinical practice areas. Further information will be supplied before entry to the programme.

Life/work experience

Please provide an account of all experience - part time, full time and voluntary, including care of own children, or attach a CV.

Employer/Place of Work	Nature of Work/Responsibilities	Year and Length of Employment

Ethnicity

With which of the following ethnic groups do you identify? (You may tick or specify up to three boxes):

- | | | | | |
|---|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Niuean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Island | please specify <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> New Zealand Maori | <input type="checkbox"/> Samoan | <input type="checkbox"/> Australian | <input type="checkbox"/> Other Asian | please specify <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Tokelaun | <input type="checkbox"/> British | <input type="checkbox"/> Other | please specify <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Indian | | |

For New Zealand Maori, please identify your Iwi (you may list more than one)

Health status

Have you, or has anyone in your family, had any physical or mental health problem which could affect your ability to meet the requirements of a demanding programme with a significant clinical component? If so, please state the problem and outline support/strategies needed.

Have you been absent from school or work, or unable to work for a period of three weeks or more because of a health-related condition?

Yes No If YES, please explain

Clinical placement experience out of Christchurch

Within the Bachelor of Nursing programme students may be required to have clinical placements outside of Christchurch in locations such as Ashburton, Greymouth or elsewhere.

I understand that I can expect to have a clinical placement out of Christchurch, in the Bachelor of Nursing Programme. I agree to this requirement.

Signed

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Date

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Personal statement

Please outline why you have chosen nursing as a career and describe personal qualities and relevant aspects from your life experiences which will enhance your application. Please include information on hobbies, interest and involvement in community activities eg sports groups, church, etc. (Approximately 300 words)

Please attach.

Convictions against the law

When students apply to sit the State Examination at the end of the Bachelor of Nursing programme they are required to make a declaration about whether they have ever been convicted of any offence against the law. It is our policy to alert applicants to this requirement and to ask them to make a similar declaration when they first apply.

This information is sought so that potential problems regarding registration as a nurse and access to clinical experiences may be discussed with applicants before their application is processed. It may be used as part of the selection process. This will be discussed with you at an interview.

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct. If an applicant provides information that is provided to be false/misleading, the application/enrolment may be declined/withdrawn.

When accepted onto the programme you will be asked to complete and return a NZ Police Vetting Request and Consent form before or at your orientation.

Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service, database and returned in confidence to the Head of Department or delegated authority.

Information on the Police Vetting Service is available from: www.police.govt.nz/service/vetting

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

Yes No If YES, please give details.

Have you ever been refused enrolment by a tertiary provider in New Zealand or overseas?

Yes No If YES, please explain.

Have you ever been enrolled in a nursing programme in New Zealand or overseas?

Yes No If YES, please explain.

Have you ever been refused registration as a health professional in New Zealand or overseas? Yes No If YES, please explain.

Have you been subject to a disciplinary investigation by any regulatory authority other than Nursing Council of New Zealand (eg SWRB, Teachers Registration Board etc) in New Zealand or overseas? Yes No If YES, please explain.

I hereby declare that the information I have given above is true and correct; no information which could have a material bearing on my registration as a registered nurse has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961.

Full name:

Signed:

Dated:

I agree to notify the Department of Nursing, Midwifery and Allied Health if there is any change to my situation during the duration of the Bachelor of Nursing programme.

Full name:

Signed:

Dated:

Full name

Address

Phone number

Date of birth

Report on Applicant

Supporting documentation to be supplied

Full name

Address

Date of birth

The above details are to be completed by the applicant.

Please see notes over page before completing this form.

Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.

Personal qualities

Honest	<input type="text"/>	Dishonest
Mature	<input type="text"/>	Immature
Reliable	<input type="text"/>	Unreliable
Well groomed	<input type="text"/>	Untidy
Tolerant	<input type="text"/>	Intolerant
Accepts responsibility	<input type="text"/>	Avoids responsibility

Comments:

Interpersonal relationships

Relationships with peers	Friendly, supportive	<input type="text"/>	Domineering or withdrawn
Relationships with people with authority	Open, constructive	<input type="text"/>	Tense, defensive
Consideration for others	Accepting, considerate	<input type="text"/>	Self centred, judgemental
Communication skills with others	Effective, clear	<input type="text"/>	Vague, inconsistent

Comments:

Attitudes to work/study

Perseverance	Appropriately persistent	<input type="text"/>	Easily distracted
Cooperation with others	Participative	<input type="text"/>	Isolated
Application to work/study	Excellent	<input type="text"/>	Poor
Acceptance of correction	Accepting questions appropriately	<input type="text"/>	Resistant, defensive
Initiative	Motivated, appropriately independent	<input type="text"/>	Awaits direction
Information seeking	Enquiring	<input type="text"/>	Uninterested

Comments:

General

Please add any general comment about the applicant's performance at work/school.

Is attendance pattern acceptable?

Yes No If NO, comment

Do you consider the applicant able to undertake a full time programme of intensive study and a significant clinical component?

Yes No Comments

Is the information in this "Report on Applicant" to be kept confidential from the applicant?

Yes No

Signature

Date

Name

Position

Address

Relationship to applicant:
(eg employer, teacher etc)

For school principals please tick

Recommended

Recommended with reservation

Not recommended

Signed:

Notes

- 1 The statement which schools provide for school leavers is an acceptable alternative to this report.
- 2 The information and opinion provided in this report constitute "personal information" in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM, AFTER COMPLETION, TO THE APPLICANT WHO IS RESPONSIBLE FOR ITS RETURN TO THE DEPARTMENT OF NURSING MIDWIFERY AND ALLIED HEALTH (UNLESS IT IS TO BE KEPT CONFIDENTIAL).

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