

# Graduate Diploma in Nursing

## Additional Requirements (CH4052)

Applicant's full name

Date of birth

**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	
Additional requirements	Provide <b>TWO</b> referee reports (one must be from your most recent employer) <b>(download Referee Report 1) (download Referee Report 2)</b>	Yes	No
	New Zealand applicants will be New Zealand registered nurses (registration number provided below)	Yes	No
	Overseas registered nurses require a letter from the Nursing Council of New Zealand, approving your qualification and documenting the English, theoretical and practical requirements that you must meet in order to gain registration in New Zealand (copy attached)	Yes	No
	Detailed CV of relevant work history (must include <u>all</u> nursing experience)	Yes	No
	If you are successful, <b>MRSA (Methicillin-Resistant Staphylococcus Aureus) Screening</b> is required <b>20 days prior</b> to commencing the Competency Assessment Programme (CAP) aspect of the programme. Results must be negative prior to commencing clinical practice. A positive result must be followed up by your health provider prior to commencing the programme. The arranging and cost of the MRSA screening at a medical centre is your responsibility	Yes	No
	NZ Police Vetting Request and Consent form – please read statement and respond over page	Yes	No
English Language requirements	Have good physical and emotional health. If you are successful, you will need to provide evidence of immunity or have vaccinations at your expense to meet the policies of the various clinical practice institutions and agencies	Yes	No
	If you are from a non English speaking background the IELTS requirements is: 6.5 Academic (no lower than 6.5 in reading, listening, writing and speaking sub tests achieved in one test) (copy attached)	Yes	No

### Nursing Qualifications

Year:	School of Nursing:
	Nursing Council of New Zealand registration number (for NZ registered nurses)
	Nursing Council of New Zealand Correspondence number from NCNZ letter (for Overseas registered nurses)

### Other Qualifications

Year completed:	Certificate/Diploma/Degree:
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### Clinical Experience

Please indicate your preferred area of practice for clinical placement, taking into consideration your past experience:

Have you ever been referred to the Nursing Council of New Zealand for health or disability, or competence investigation?  
(If yes, you will be required to have an interview with the Head of Department)

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

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?  
(If yes, you will be required to have an interview with the Head of Department)

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

Yes      No    If YES, please give details

## **Declaration**

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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: