

# Graduate Registered Nurse Transition Program - Application

## Eligibility Criteria

### To be eligible to apply for the Calvary GNTP you must

- Be an Australian or New Zealand Citizen or hold a Visa that allows ongoing full time employment in Australia
- Intend to complete a Bachelor of Nursing Degree that leads to initial registration as a Registered Nurse with AHPRA and be ready to commence employment in February 2020.

### Please note

- Applicants who have completed  $\geq 3$  months full-time equivalent work (436 hours) as a Registered Nurse, in any country are not eligible to apply.
- Applicants who are not completing their degree until after January 30 2020 are not eligible to apply for the 2020 GNTP and should wait for 2021 GNTP recruitment.
- Employer sponsorship is not available from Calvary Healthcare for this recruitment process.

## How to Apply

Forward this application with the following documents:

- Cover letter
- Curriculum Vitae
- All pages of your two most recent clinical placement experience assessments
- Interim academic record
- Copy of work VISA to confirm eligibility to work permanently in Australia

**Please use the tick box checklist on the side to ensure you have included all documents as requested**

Applications must be addressed to:

**Ms. Natalie Hannaford**  
CHCA Professional Development Manager  
89 Strangways Terrace  
North Adelaide SA 5006

**Applications close – Friday 2<sup>nd</sup> AUGUST 2019 at 5.00pm**

**Please note - Applications received after this time will not be considered.**

**Applications sent via email will not be accepted – please send via Australia Post or deliver in person to the above address.**

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## Personal Details

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

## Equal Employment Opportunity

Completion of this section is voluntary, however your cooperation is appreciated. This section is for compliance with EEO Legislation only.

Are you an Australian or New Zealand Citizen? Yes  No 

Country of Birth (if not Australia or New Zealand): \_\_\_\_\_

Do you hold a VISA that allows you to work permanently in Australia? Yes  No Do you speak a language other than English at home? Yes  (give details below) No 

Other languages spoken at home: \_\_\_\_\_

### Calvary encourages applications from Indigenous Australians

Are you of Aboriginal or Torres Strait Islander descent? Yes  (give details below) No Please indicate: Aboriginal  Torres Strait Islander 

**It is the policy of Calvary to welcome applications from people with disabilities and to attempt to meet reasonable/appropriate work-related requirements of employees**

Do you have a disability? Yes  (give details below) No 

If yes, please indicate how the workplace might be adjusted to overcome any barriers that may affect your performance (attach additional information if required):

## Site Preference

Please indicate your site preference in order from 1 to 3; 1=most preferable to 3=least preferable. Mark all boxes.

- Calvary Adelaide Hospital – 120 Angus Street, Adelaide SA 5000**
- Acute Care
- Rehabilitation Care
- Calvary North Adelaide Hospital – 89 Strangways Terrace, North Adelaide SA 5006**
- Calvary Central Districts Hospital – 25 Jarvis Road, Elizabeth Vale SA 5112**

## How did you hear about us?

- University Career Expo     CHCA Website     Other
- Clinical Placement     Feedback from other graduate / student
- \_\_\_\_\_
- \_\_\_\_\_

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## Previous Registration History

Complete if you have previously been or are currently registered as any of the following. If you will be registering for the first time you do not need to complete this section

- I have been previously registered or am currently employed as an Enrolled Nurse**

Year of first registration as Enrolled Nurse: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Are you currently employed as an Enrolled Nurse? Yes  No  Location: \_\_\_\_\_

On average how many hours a week do you spend working as an Enrolled Nurse? \_\_\_\_\_

- I have been previously registered or am currently employed as a Registered Nurse**

Year of first registration as Registered Nurse: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Are you currently employed as a Registered Nurse? Yes  No  Location: \_\_\_\_\_

On average how many hours a week do you spend working as a Registered Nurse? \_\_\_\_\_

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## Education, Clinical Placement and Employment History

Please list all tertiary qualifications

Course Title	Institution	Commencement Date	Completion Date	Grade Average
e.g. Bachelor Nursing	UNISA	Feb 2014	Present	C

Please detail your employment history. Include any full-time, part-time or casual employment

Employer	Position	Duration	Hours per week
e.g. St Peters Nursing Home	Nurse Assistant	Jan 2015 - present	16 hours/wk

Please detail you Clinical Placement History. Include any upcoming placements

Course Code	Location	Ward and Specialty	Duration	Placement Dates
e.g. ELA 4	Calvary Wakefield	Lyon ward – General Medical	8 weeks	Jan – Feb 2018

## Career Goals

Please complete the following statements

**At the completion of my Calvary GNTP I hope to have achieved**

**The areas of nursing that have so far been of most interest to me are**

**On a recent clinical placement experience, I demonstrated professionalism and effective time management skills by**

**I would like to be considered for a position in the Calvary GNTP because**

## Referees

Please give the name, telephone number and email address (if possible) of two recent work referees who have supervised you. At least one of these **MUST** be from a Clinical Manager or Registered Nurse Preceptor from a recent clinical placement experience – not your clinical facilitator.

### Referee 1

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has the referee given permission for contact? Yes  No

### Referee 2

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has the referee given permission for contact? Yes  No

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## Employee Referee Consent

Do you consent to Calvary Health Care Adelaide discussing the information contained in your application with the referees listed? Yes  No

N.B. Referees will only be contacted after interview unless otherwise advised.

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## Employee Health Record

(NB - Disclosure of an illness will not preclude you from consideration for employment for the position sought).

Calvary Health Care Adelaide is committed to providing a safe work environment for all staff.

The Occupational Health Safety and Welfare Act 1986 obligates Employers to ensure the workplace health and safety of each employee at work. In an effort to assist us to meet these obligations you are requested to complete the following questionnaire. The information provided on this form will assist us in placing strategies to reduce risk of infection or injuries to our staff.

**Please note:** The information that you disclose on this form is for the internal use of the hospital only and will be kept strictly confidential.

Is there any reason or medical condition that may impair your ability to perform the job you are applying for? Yes  (give details below) No

Details:

As a participant in the graduate nurse program you will be required to work shift work i.e. morning, evening, nights and weekends. Is there any reason that you would not be able to undertake this requirement? Yes  (give details below) No

Details:

## Declaration

I declare that

- I am an Australian or New Zealand Citizen or are eligible to work in full time employment in Australia
- I intend to complete my studies and be registered with AHPRA ready to commence the Calvary

Registered Nurse GNTP in February 2020

- The information I have given is true and correct and I have not withheld any relevant information you should be aware of when considering whether to employ me. I understand that you could terminate my employment if you find that I have given you untruthful, inaccurate or misleading information.
- If required, I agree to undergo a fitness to work assessment at any time prior to and/or during my employment. An external provider will be nominated by Calvary Health Care Adelaide. I understand that this will be done in the best interests of my health and the safety of my work colleagues and patients.
- I authorise Calvary Health Care Adelaide to obtain any information and documents relevant to any injury, illness or medical condition I may sustain during the period of my employment with Calvary Health Care Adelaide which may be in the possession of the following:
  1. This or another hospital; or
  2. Any ambulance service; or
  3. A doctor, provider of treatment or rehabilitation service or person qualified to assess cognitive, functional or vocational capacity; or
  4. A previous employer; or
  5. Insurers that carry on the business of providing Workers Compensation Insurance, Compulsory Third Party Insurance, personal accident or illness insurance, or insurance against the loss of income through disability, superannuation funds or any other type of insurance; or
  6. A department, agency or instrumentality of the Commonwealth or the State.
- I understand that if I am employed this application and my resume will become a permanent document of my personnel file. If I am not successful in obtaining employment this document will be stored and destroyed after six months.
- I sign this declaration to confirm I have read and agree with the above conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE YOU HAVE COMPLETED ALL PAGES  
AND ATTACHED ALL REQUESTED DOCUMENTS BEFORE  
SUBMITTING YOUR APPLICATION**