



## Graduate Diploma in Mental Health Nursing Employer Sponsored Pathway

### Confirmation of Employment

This form must be completed and uploaded to SATAC before an application for entry into the program will be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Confirmation of Employment** section must be completed by a manager or other authorised person employed by the organisation where the applicant will be working if they are successful in securing a place in the program.

#### Applicant Details and Declaration

This section to be completed by the applicant

|   |                   |                             |  |
|---|-------------------|-----------------------------|--|
| Given Name  |                   | Family Name                 |  |
| Telephone Number:   | SATAC Reference : | Employer Organisation Name: |  |
| <ul style="list-style-type: none"> <li>- I have reviewed the course information and are aware of the clinical placement requirements and dates for the Graduate Diploma in Mental Health Nursing, specifically the 2 x three week block between late July and late November (NURS5158 Consolidation of Mental Health Nursing).</li> <li>- I have discussed the clinical placement requirement and dates with my employer.</li> <li>- I understand that my enrolment in this program pathway is dependent on maintaining employment within a mental health facility able to accommodate placement requirements for the duration of the study program.</li> <li>- My employer will arrange for me to be assigned to wards that will enable me to meet requirements. If this is not possible, I understand that the University will arrange for me to undertake a supernumerary (unpaid) placement at the scheduled placement time, with the approval of my employer.</li> </ul> |                   |                             |  |
| Applicant Signature   |                   | Date                        |  |

#### Confirmation of Employment

This section to be completed by a manager or authorised employee

| <ul style="list-style-type: none"> <li>- I certify that the applicant named above is currently employed or will be employed as a mental health nurse within the facility for the duration of their study program.</li> <li>- I certify that the applicant named above will be able to complete a minimum of 120 hours of clinical placement in <b>both</b> an inpatient mental health and community mental health setting.</li> <li>- As the employer, I confirm that the applicant will be able to complete the placement requirement for the Graduate Diploma in Mental Health Nursing as part of their work roster.</li> </ul> |                      |  |  |
|---|----------------------|--|--|
| Manager or Authorised Employee Details  |                      |  |  |
| Name and Title  |                      |  |  |
| Ward/Area:  | Mental Health Focus: |  |  |
| Name and address of Organisation  |                      |  |  |
| Phone number:   | Email:               |  |  |
| Authorised Signature:   | Date:                |  |  |