



STATEMENT OF CLINICAL SUPPORT

GRADUATE CERTIFICATE IN NURSING (CRITICAL CARE) PROGRAM CODE: CRITC-ICNG

Please Note: This form must be completed by all applicants and uploaded to SATAC application.

Section 1: Applicant details			
Family name			
Given names			
Date of birth		Telephone number	
SATAC Application Number			

Section 2: Employer Support (to be completed by applicant's Clinical Manager only)	
Manager's name	
Phone number	
E-mail	
Organisation	
Ward of Employment	

Section 3: Manager's Declaration			
I declare that the applicant is/will be employed in the specialised area of critical care nursing (either ICU, ED, or CCU) for the duration of the above program. Furthermore, I will support the applicant to complete their Clinical Skills Portfolio book with relevant learning opportunities.			
Signature		Date	