Curtin University

TISC Application ID: _____

Applicant's full name: _____

This Application Checklist and Statement of Employment is for the applicants who apply for one of following two courses via Tertiary Institutions Service Centre (TISC):

1. TISC Code: **CUHQS** Bachelor of Science (Nursing) – Conversion Program for Registered Nurses **(Australian Registration Nurse Stream)**: This program prepares registered nurses without current registration in Australia for registration and leads to registration with AHPRA as a Division 1 Nurse (registered nurse).

2. TISC Code: **CUH4S** Bachelor of Science (Nursing) – Conversion Program for Registered Nurses **(Non-Registration Nurse stream)**: This program advances : This program advances the qualification to bachelor level for diploma qualified registered nurses who are already registered in Australia.

TISC Application Checklist

☐ **TISC Application**

You need to submit an online application via www.tisc.edu.au for the Bachelor of Science (Nursing) Registered Nurse Conversion Australian Registration Nurse Stream (CUHQS) OR Registered Nurse Conversion Non-Registration Nurse Stream (CUH4S).

With your TISC application, you need to provide following documents:

☐ **Award Certificate and Academic Transcript of your qualification(s)**

You will need to attach electronic copies of both your Award Certificate and Academic Transcript including corresponding results key.

All documents need to be provided in acceptable forms of electronic documents. Documents in a language other than English, as evidence of studies undertaken overseas, must be submitted with an original English translation transcribed and stamped by a NAATI accredited translator. For details of these requirements, please refer to the TISC website: http://www.tisc.edu.au/static/guide/applying-online.tisc

☐ **Evidence of meeting English Language Proficiency for this course (only applicable for CUHQS)**

For details visit: https://futurestudents.curtin.edu.au/english-proficiency/course-list/

☐ **Evidence of Registration (only applicable for CUHQS)**

You need to hold current registration as a Registered Nurse in your home country at the time of commencing the course.

☐ **Statement of Employment Template**

This needs to be completed by your employer(s)* confirming that you have a minimum of 3 months fulltime work experience in an acute care setting as a Registered Nurse in the last 5 years.

☐ **Letter from your employer**

An official letter confirming employment from your previous/ current employer(s)*.

☐ **Job Description Form**

Your Job Description Form (JDF) from your employer(s)* needs to be provided. Please ensure this is printed on the organisation's official letterhead.

***If the clinical work experience information is to be provided by more than one employer, please ensure that each employer provide a separate statement of employment, Employment confirmation letter and Job Description Form.*

TISC Application ID: _____

Applicant's full name: _____

Statement of Employment Template

Instructions for the employer:

A Statement(s) of Employment is required to confirm that below mentioned applicant has a minimum of 3 months fulltime clinical work experience in an acute care setting as a Registered Nurse in the last 5 years.

Before you complete this form, please read below instruction carefully.

- This form must be completed by you as an employer of the applicant.
- **All section must be completed.**
- To support the statement please also provide **an official Employment Confirmation Letter and a Job Description Form (JDF)** describing duties performed/ scope of practice relating to the position. Please note both documents must be printed on official company letterhead.

Details of Person completing this form

Name:

Position:

Organisation:

Relationship to Applicant:

Details of Applicant

Name of Applicant:

Name of organisation:
(where clinical experience was obtained)

Title/ Position of Clinical Role:

Contract Start Date:

Contract Status/ End Date:

Description of the Type of Clinical Experience Obtained

Description of Clinical Setting	No. of hours worked	No. of beds/patients
Medical		
Surgical		
Paediatrics / Maternal & Child Health		
Mental Health		
Critical Care & Emergency		
Community & Primary Health Care		
Total Number of Clinical Experience Hours		

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Additional Comments regarding employment status (if applicable):

☐ **Attached is an official letter confirming employment from the employer**

☐ **Attached is a Job Description Form from the employer**

Declaration by Clinical Work Experience Employer

I acknowledge that the clinical hours and roles described within this statement of employment are true and correct and, have been undertaken by

_____ within _____

(Name)   (Name of Orgnisation)

_____   Date: _____/_____/_____

(Sign)   Day   /   Month /   Year

_____ , _____

(Print Name of Signatory)   (Job Title)

Contact Details

* Please note that your current contact details are required for verification.

Phone:

Email:

Address: