

The submission of this form is part of the application requirements for the course. Applications will not be considered for entry into the course unless this form is submitted for consideration.

The form must have all sections completed and must be signed as required.

To be successful for entry into the course, applicants must:

1. hold a Bachelor of Nursing\* or equivalent qualification; and
2. have current general registration as a registered nurse in Australia^; and
3. hold a postgraduate qualification (Graduate Certificate, Graduate Diploma or Masters equivalent) that is relevant, clinically, to the context of the applicant's advanced nursing practice~; and
4. have a minimum of two years full-time equivalent practice as a registered nurse in a nursing specialty area~ in Australia; and
5. have a minimum of two years full-time equivalent practice at an advanced nursing practice~ level, as defined by the Nursing and Midwifery Board of Australia, within the last six years in Australia; and
6. provide evidence an employing organisation will facilitate the 300 hours of supernumerary integrated professional practice and supervisor availability.

\*Applicants who are hospital-trained and registered nurses in Australia are also eligible to apply. Applicants who undertook their nursing training qualification overseas and are registered nurses in Australia are also eligible to apply.

^Mental Health/Psychiatric registered nurses in Australia are also eligible to apply.

~Per Fact sheet on advanced nursing practice and specialty areas within nursing as published by the [NMBA](#).

### Supernumerary Integrated Professional Practice Requirements

The Master of Nurse Practitioner follows a Work Integrated Learning (WIL) approach to professional practice experiential learning. This means that you should be working in the area that you intend to work in as a nurse practitioner. It also assumes that you are already recognised as an expert in your field working in an advanced clinical role.

You will be required to undertake two Supernumerary Professional Practice placement (SIPP) topics as a part of the program of study for the course:

- [NURS9027](#) Integrated professional practice 1. (10 cases studies are conducted with your supervisor with a specific focus on the diagnostic reasoning for confirming a diagnosis)
- [NURS9029](#) Integrated professional practice 2. (10 case studies are conducted with your supervisor, in addition an oral viva examination of your first case study occurs via Microsoft Teams, with you supervisor, and the academic teaching team).

A clinical case studies template will be provided to you, and this **must be successfully completed to complete the course**.

Each placement consists of **150 hours over a semester**, usually undertaken as 2 days per week in your workplace by negotiation with your workplace and supervisor.

Flinders University requires the following information to plan for your Supernumerary Professional Practice placement (SIPP):

- details of your proposed placement(s) venue(s); and
- confirmation from the Director of Nursing (if venue is in a public venue) or your Line Manager/Direct Supervisor (if not in a public venue) that they support you to complete the supernumerary integrated professional practice at the venue; and
- confirmation from the Director of Nursing or your Line manager that you are in an advanced clinical practice role.

Placement is usually conducted at one venue; however, you may conduct your placement at a second venue to gain a wider scope within your specialty field. Your primary supervisor must be identified in this form as supervisor 1 and will be the person to confirm your placement hours and assess your clinical practice.

### Clinical Supervisors

Details of your Clinical Supervisor(s) who will support your placement are also required. Supervisors need to be recognised as advanced practice clinicians in their profession and must have formal or informal qualifications/experience in clinical education. Only endorsed Nurse Practitioners or Medical Officers can be nominated as your clinical supervisor. Clinical Supervisor(s) will be contacted by the University directly to confirm they meet these requirements. A primary supervisor will be responsible for assessing your clinical practice, case studies and will also confirm you have completed the required supervised placement hours.

**It is essential that the following arrangements are in place before a placement may be commenced even if the placement will be undertaken within your workplace:**

1. An **Affiliation Agreement** between your host venue and the University must be in place before you can commence your placement even if your host venue is also your employer. If an agreement is not in place it can take up to eight weeks for this legal process to be completed. The University undertakes this process for you, and we ask that you submit this form prior to admission to the course to ensure that we can conduct these negotiations before you are due to commence your placement(s). The University will advise you if you need to delay your placement whilst an Affiliation Agreement is negotiated and advise you when you are able to commence your placement once it is in place. If you change employment after you have enrolled in the Master of Nurse Practitioner, you will need to send in another SIPP form and will not be able to start placement until all processes detailed above have been confirmed and completed.
2. The Work Integrated Learning Unit must receive evidence that you comply with all the **Pre-placement Requirements** as outlined on the Student Responsibilities page of the WIL website – Postgraduate Nursing website before a placement can be undertaken. Please refer to <https://students.flinders.edu.au/my-course/placements/compliance/postgraduate-nursing/nurs9027-master-of-nurse-practitioner>.

## 1. Applicant Details

⚠️⚠️⚠️ Please use full names rather than initials.

Flinders Student ID: <i>(if applicable)</i>		Title: <i>(Mr, Mrs, Ms, Dr)</i>	
Given Name:		Family Name:	
Home Telephone Number:	(    )	Mobile Number:	
Email Address:			

## 2. Advanced Nursing Practice Experience

What is your current place of employment?	
Will you be undertaking your Supernumerary Integrated Professional Practice Placement at your current place of employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your nursing specialty area?	

Please provide a statement below (minimum 300 words) detailing your advanced clinical nursing practice role. This statement will be reviewed and confirmed by your Director of Nursing or Line Manager.

### 3. Employer/Clinical Venue Support

Current employer/Clinical Venue support of the completion of your supernumerary integrated professional practice components of the course is required.

**Venue 1: To be completed by Director of Nursing (if in public venue) or Line Manager/Direct Supervisor (if in private venue):**

**Please use full names rather than initials.**

DoN's/Line Manager's Title and Full Name:			
DoN's/Line Manager's email:			
DoN's/Line Manager's Phone Number: <i>(include area code)</i>	(    )	DoN's /Line Manager Role:	
Region/Team of Employment:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organisation's Street Address:			
Organisation's Mailing Address: <i>(if different to above)</i>			
ABN (Private organisation only):			
Topics for which supernumerary integrated professional practice will be facilitated by the venue:	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) <b>AND/OR</b> <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Agree with and confirm that the applicant's statement detailing the advanced clinical practice role is an accurate reflection of their current clinical role.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

As Director of Nursing/Line Manager at the above host venue (*all must be ticked*):

- I am aware the applicant is seeking admission into the Master of Nurse Practitioner at Flinders University.
- I confirm the required support will be provided to the applicant to undertake the supernumerary integrated professional practice components of the course within this workplace if admitted into the course.
- I have read the Fact sheet on advanced nursing practice and specialty areas within nursing as published by the [NMBA](#) and confirm the applicant is recognised as an advanced clinical practice nurse as described in the NMBA and demonstrates excellence in their role.
- I have read the statement of advanced practice provided by the applicant and agree the applicant is in an advance clinical practice role.
- I agree this workplace will provide an appropriate clinical environment for both topics as indicated above cognisant with the course objectives.
- I agree this workplace has allocated or assisted the applicant with the choice of supervisor(s) from the workplace on this form.
- I agree this workplace will ensure that the applicant can engage in teaching and learning opportunities during the supernumerary integrated professional practice days to facilitate the applicant to complete the required 300 hours of supervised, supernumerary clinical practice.
- I agree workplace support will be guaranteed for the entirety of the agreed placement duration.

**Please note:**

1. Employers are not obliged to make a Nurse Practitioner position available for the candidate and are only asked to confirm support will be provided to the applicant to undertake the clinical component of the course within their workplace.
2. Where possible and practicable supervisors must be sourced from within the applicant's workplace. The applicant will not incur any additional supervision costs.

Director of Nursing or Line Manager Signature:		Date:	
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**Venue 2: To be completed by Director of Nursing (if in public venue) or Line Manager/Direct Supervisor (if in private clinical venue): (if Venue 1 cannot facilitate placement for both topics):**

⚠⚠⚠ Please use full names rather than initials.

DoN's/Line Manager's Title and Full Name:			
DoN's/Line Manager's email:			
DoN's/Line Manager's Phone Number: <i>(include area code)</i>	(    )	DoN's/Line Manager's	
Region/Team of Employment:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organisation's Street Address:			
Organisation's Mailing Address: <i>(if different to above)</i>			
ABN (Private organisation only):			
Topics for which supernumerary integrated professional practice will be facilitated by the venue:	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) <b>AND/OR</b> <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Agree with and confirm that the applicant's statement detailing the advanced clinical practice role is an accurate reflection of their current clinical role.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

As Director of Nursing/Line Manager at the above host venue (*all must be ticked*):

- I am aware the applicant is seeking admission into the Master of Nurse Practitioner at Flinders University.
- I confirm the required support will be provided to the applicant to undertake the supernumerary integrated professional practice components of the course within this workplace if admitted into the course.
- I have read the Fact sheet on advanced nursing practice and specialty areas within nursing as published by the [NMBA](#) and confirm the applicant is recognised as an advanced clinical practice nurse as described in the NMBA and demonstrates excellence in their role.
- I have read the statement of advanced practice provided by the applicant and agree the applicant is in an advance clinical practice role.
- I agree this workplace will provide an appropriate clinical environment for both topics as indicated above cognisant with the course objectives.
- I agree this workplace has allocated or assisted the applicant with the choice of supervisor(s) from the workplace on this form.
- I agree this workplace will ensure that the applicant can engage in teaching and learning opportunities during the supernumerary integrated professional practice days to facilitate the applicant to complete the required 300 hours of supervised, supernumerary clinical practice.
- I agree workplace support will be guaranteed for the entirety of the agreed placement duration.

**Please note:**

1. Employers are not obliged to make a candidate Nurse Practitioner position available for the candidate and are only asked to confirm support will be provided to the applicant to undertake the clinical component of the course within their workplace.
2. It is preferred that supervisors are sourced from within the student's workplace. The student will not incur any additional supervision costs.

Director of Nursing or Line Manager Signature:		Date:	
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#### 4. Clinical Supervisor Nomination

You are required to nominate one or more clinical supervisors from your workplace.

Clinical Supervisors must:

- be either an endorsed Nurse Practitioner, a General Practitioner or senior registrar; and
- have educational experience (with either formal or informal qualifications) in a clinical setting such as providing education to staff in their workplace.

Flinders University will contact the nominated supervisor(s) to confirm they agree to supervising your clinical practice placement, and that they are recognised as an advanced practice clinician in their profession and have clinical educational experience. Please write the supervisor email address clearly to prevent delays in progressing your application to enrol in the Master of Nurse Practitioner course.

##### Clinical Supervisor 1 (Primary supervisor)

Supervisor's Full Name Including Title:	
Topic(s) to be Supervised: <i>(please tick)</i>	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) <b>AND/OR</b> <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)
Qualifications: <i>(formal and informal)</i>	
Position and Role Title:	
Service / Department:	
Telephone Number: <i>(include area code)</i>	
Email Address:	

##### Clinical Supervisor 2 (Secondary supervisor)

Supervisor's Full Name Including Title:	
Topic(s) to be Supervised: <i>(please tick)</i>	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) <b>AND/OR</b> <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)
Qualifications: <i>(formal and informal)</i>	
Position and Role Title:	
Service / Department:	

Telephone Number: (include area code)	
Email Address:	

## 5. Important Additional Requirements

It is essential that the following arrangements are in place before a placement may be commenced even if the placement will be undertaken within your workplace:

1. An **Affiliation Agreement** between your host venue and the University must be in place before you can commence your placement even if your host venue is also your employer. If an agreement is not in place it can take up to eight weeks for this legal process to be completed. The University undertakes this process for you, and we ask that you submit this form as soon as possible to ensure that we can conduct these negotiations before you are due to commence your placement(s). The University will advise you if you need to delay your placement whilst an Affiliation Agreement is negotiated and advise you when you are able to commence your placement once it is in place.
2. The Work Integrated Learning Unit must receive evidence that you comply with all the **Pre-placement Requirements** as outlined on the Student Responsibilities page of the Postgraduate PEP website before a placement can be undertaken. Please refer to <https://students.flinders.edu.au/my-course/placements/compliance/postgraduate-nursing/nurs9027-master-of-nurse-practitioner>.

## 6. Applicant's Declaration

By signing this form:

- I agree the University will contact the venues/host venue I have detailed in this form, if there are questions regarding the placements I have nominated.
- I consent to the University providing my nominated clinical supervisors with my university email contact details prior to the commencement of my placement.
- I acknowledge that if I fail to provide all required documentation in a timely manner prior to my placement I may be required to withdraw from the topic. If this occurs beyond the census date for the topic(s), then penalties (including financial costs for the topic) will be incurred by me.
- If I decide to withdraw from my topic enrolment(s), I will do so via the Student Information System prior to the census date for the topic(s).
- I have read and understood section 5. **Important Additional Requirements** and accept the University's pre-placement requirements.
- If I change my workplace/employment during the Masters of Nurse Practitioner course I must inform the course coordinator and placement unit and supply an updated SIPP form.

Applicant's Signature:		Date:	
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**Submitting This Form** - Please scan and email the completed and signed form to Flinders University at [askflinders@flinders.edu.au](mailto:askflinders@flinders.edu.au). It is recommended that you retain a copy of the completed document for your records.