

STATEMENT OF CLINICAL SUPPORT

Graduate Certificate in Emergency Nursing (SATAC code 2GC189 or 2GC689)

Please note: This form must be completed by all applicants and uploaded to their SATAC application

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Section 1: Applicant details			
SATAC Reference Number			
Family Name			
Given Names			
Date of Birth		Telephone Number	
Email Address			
Flinders University is unable to arrange therefore, applicants need to accept resupport to meet the requirements of N So that the University can be confident are required to confirm you: • work in and/or have access to • have your Line Manager support Department.	esponsibility for sourcin Work Integrated Learnin t you will meet the requ a venue with an Emerg	g their own PEPs and co ag (WIL) topics listed be airements of the WIL to ency Department, and	onfirm they have Line Manager low. pics to complete the course, you
Section 2: Applicant Declaration (all m		rganisation/institution v	with an Emergency Department,
☐ I declare that I will be able to arran Emergency Department.	ge the required numbe	r of PEP hours to compl	lete the two WIL topics in said
Applicant Signature			
Section 3: Unit Manager Support			
I agree to provide this applicant with per semester) in my unit/department an offer to study this course.			
Graduate Certificate in Emergency No			
□ NURS8750 Emergency Nursing Pra □ NURS8752 Emergency Nursing Pra			
Line Manager Name			
Phone Number			
Name of WIL Venue/organisation			
Email Address			
Line Manager Signature			