

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.

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.

In order to plan for your Supernumerary Professional Practice Placement (SIPPP) Flinders University requires details of your proposed placement(s) dates and venue(s). The University also requires details of the Clinical Supervisors who will support your placement. Supervisors need to be recognised as advanced practice clinicians in their profession and must have formal and informal qualifications and experience in clinical education.

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

- [NURS9027](#) Integrated professional practice 1. (10 cases must be examined with a specific focus on the diagnostics required for confirming diagnosis and for ongoing management of care.)
- [NURS9029](#) Integrated professional practice 2. (Clinical viva (case presentation), 5 full assessments and 5 ongoing assessments.)

One venue must provide the placement requirements for either one or both of the above topics. Placement at multiple venues is not possible to meet the placement requirements of one topic.

A clinical log will be provided to you and this **must be successfully completed in order to complete the course.**

Each placement consists of **150 hours over a semester**, usually undertaken as 2 days per week in your workplace. **(No block placements)**

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.

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

1. Applicant Details

Given Name:		Family Name:	
Telephone Number: <i>(preferably Mobile)</i>			
Email Address:			

2. Advanced Nursing Practice Experience

What is your current place of employment?	
Will you be doing 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 demonstrate how you meet the following entry requirements for the course:

- (1) have a minimum of two years full-time equivalent practice as a registered nurse in a nursing specialty area in Australia; and have a minimum of two years full-time equivalent practice at an advanced nursing practice level, as defined by the [NMBA](#), within the last six years in Australia:

3. Employer/Clinical Venue Support

Current employer/Clinical Manager/proposed host venue manager support of your completion of the supernumerary integrated professional practice components of the course is required.

Venue 1: To be completed by Clinical Manager/host venue manager:

As Clinical Manager/host venue manager, please complete the section below as evidence that your venue will support the completion of the supernumerary integrated professional practice components of the course for this applicant.

Clinical Manager's Name and Title:			
Clinical Manager's Role:			
Clinical Manager's Phone Number: <i>(include area code)</i>	()	Clinical Manager Email:	
Ward/Team:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organisation's Street Address:			
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) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Proposed supernumerary integrated professional practice dates, if admitted into the course:			

As Clinical Manager/host venue manager *(all must be ticked)*:

- I am aware the applicant is applying for entry to 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 practice nurse as described in the Fact sheet and demonstrates excellence in their role.
- I confirm the applicant has demonstrated a commitment to and capacity to contribute to innovation and leadership within their nursing role.
- I agree this workplace will provide an appropriate clinical environment for either one or 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 teaching and learning takes precedence over employment requirements during supernumerary integrated professional practice days.
- 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. All supervisors must be sourced from within the applicant's workplace. The applicant will not incur any additional supervision costs.

Clinical Manager's Signature: <i>(or equivalent)</i>		Date:	
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Venue 2: To be completed by Clinical Manager/host venue manager (if Venue 1 cannot facilitate placement for both topics):

As Clinical Manager/host venue manager, please complete the section below as evidence that your venue will support the completion of the supernumerary integrated professional practice components of the course for this applicant.

Clinical Manager's Name and Title:			
Clinical Manager's Role:			
Clinical Manager's Phone Number: <i>(include area code)</i>	()	Clinical Manager Email:	
Ward/Team:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organisation's Street Address:			
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) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Proposed supernumerary integrated professional practice dates, if admitted into the course:			

As Clinical Manager/host venue manager *(all must be ticked)*:

- I am aware the applicant is applying for entry to 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 practice nurse as described in the Fact sheet and demonstrates excellence in their role.
- I confirm the applicant has demonstrated a commitment to and capacity to contribute to innovation and leadership within their nursing role.
- I agree this workplace will provide an appropriate clinical environment for either one or 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 teaching and learning takes precedence over employment requirements during supernumerary integrated professional practice days.
- 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.

Clinical Manager's Signature: <i>(or equivalent)</i>		Date:	
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4. Supervisor Details

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

Supervisors must:

- be recognised as advanced practice clinician in their profession e.g. an endorsed Nurse Practitioner, a medical consultant, physician, General Practitioner or senior registrar.
- have educational experience (with either formal or informal qualifications) in a clinical setting such as providing education to staff in their workplace.

Flinders University may contact the nominated supervisor for further information to confirm they are recognised as an advanced practice clinician in their profession and regarding their educational experience.

Supervisor 1

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) AND/OR <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:	
Please outline your advanced practice clinician experience: <i>(include dates and a brief description of duties/responsibilities)</i>	
Please outline your clinical education experience: <i>(include dates and a brief description of duties/responsibilities)</i>	

- I confirm I am recognised as an advanced practice clinician in my profession.
- I have formal and/or informal qualifications in clinical education.
- I have experience in clinical education.

Signature of Supervisor:		Date:	
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Supervisor 2 (if supervisor 1 is not able to supervise placement for both topics)

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) AND/OR <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:	
Please outline your advanced practice clinician experience: <i>(include dates and a brief description of duties/responsibilities)</i>	
Please outline your clinical education experience: <i>(include dates and a brief description of duties/responsibilities)</i>	

- I confirm I am recognised as an advanced practice clinician in my profession.
- I have formal and/or informal qualifications in clinical education.
- I have experience in clinical education.

Signature of Supervisor:		Date:	
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5. Applicant's Declaration

- I agree the University contact the venues/host venue/supervisor I have detailed here.
- 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).

Applicant's Signature:		Date:	
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Submitting This Form - Please scan and email the completed form to the Office of Student Recruitment at askflinders@flinders.edu.au. It is recommended that you retain a copy of the completed document for your records.