21. Appendix One – [NMEP Application Form](http://qheps.health.qld.gov.au/nmoq/professional-capability/documents/nm-exchange-application.pdf)

Version 6 2018 Nursing and Midwifery Exchange Program Application Form

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| Name: |  |
| Current Hospital: |  |
| Clinical Area: |  |
| Length of time in this area of practice: |  | Payroll No: |  |
| Employment Status: | Full Time: Part Time:  | Hours: |  |
| Nursing Grade: |  | Endorsements: |  |
| AHPRA no: |  | Limitations: |  |
| Placement Preferences |
| Placement Length | Clinical Area of Interest | Preferred city/town or location |
| 3 Months: 6 Months:  |  |  |
|  |  |
|  |  |
| Contact Details |
| Postal Address: |  |
| Email: |  |
| Mobile No: |  | Home or Work No: |  |
| Emergency Contact Details |
| Name: |  |
| Address: |  |
| Relationship: |  |
| Mobile No: |  | Home or Work No: |  |
| Please outline why you would like to participate in this program |
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| How will you use the knowledge and experience that you gain? What strategies will be used when improving practice at your home hospital? |
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|  |
| What are your learning objectives for this program and how will these benefit your home facility and community? List 3 goals |
| 1 |
| 2 |
| 3 |
| Signature: |  | Date: |  |

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| Applicants Line Manager / DON or Nursing Director Endorsement |
| Reason for endorsement: |
| Is the Applicant up-to-date with mandatory training? |  Yes No |
| Line Manager Name: |  | Signature: |  |
| Phone No: |  | Date: |  |
| DON / Nursing Director Name: |  | Signature: |  |
| Phone No: |  | Date: |  |
| Statewide Coordinator Signature: |  | Date: |  |

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| **Nursing and Midwifery Exchange Program Application Check List** |
| I have completed the application and have had line manager/DON approval |  |
| I have included a copy of my resume |  |
| I have attached a signed copy of a referee report from my line manager (See Guidelines for Referee template) |  |
| I have included certified copies of THREE forms of Identification and change of name documents under policy B1 |  |
| I have included my AHPRA number on my application |  |
| I have included certified copies of my qualification and any post graduate qualifications *eg: Bachelor of Nursing/Diploma of Nursing* |  |
| I have included evidence of Vaccine Preventable Disease (VDP) as per policy B1 and have completed the VDP form[https://www.health.qld.gov.au/ data/assets/pdf\_file/0024/443076/vpd-evidence-form-gp.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/443076/vpd-evidence-form-gp.pdf) |  |
| Hepatitis B |  |
| Measles/ Mumps/Rubella |  |
| Varicella |  |
| Pertussis |  |
| If placed in Remote indigenous community I am willing to undertake the require vaccinations including Hepatitis A and Japanese encephalitis |  |
| I am aware that my Criminal History Status will be checked against the VADER systems and if expired I will be required to complete a newGeneral Criminal History Form <http://qheps.health.qld.gov.au/hr/recruitment/employment-screening/criminal-history-checks.htm>**OR** |  |
| If placed in Multi-Purpose Health Service or Residential Aged Care facility I am willing to complete an Aged Care Criminal History Check<https://qheps.health.qld.gov.au/__data/assets/pdf_file/0030/617655/aged-qps-application-2018.pdf>  |  |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |