

# Nurse and Midwifery Refresher Program

Complete all sections:

1. Personal Details:

Surname:

Given Names:

Address:

Postcode:

Telephone Number:

Emergency Contact:

Are you of Aboriginal or Torres Strait Islander Descent? Yes  No

Is there any reason you would not be legally, physically or mentally able to perform the duties of a Registered Midwife (as per qualifications):

2. Work History:

**Professional Experience:** Please attach a Curriculum Vitae showing details of your clinical nursing history

**Additional Qualifications Undertaken since initial registration:**

Course Name and Award Achieved	Name of Institution	Year Completed

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- How long is it since you last worked in the acute care environment?

- Please indicate areas of clinical interest:

- What do you hope to gain from the re-entry program:

### 3. Application Checklist:

I have included:

- ❖ Letter of application and resume
- ❖ Passport Photo
- ❖ National Criminal Police Check
- ❖ Working with Children Police Check
- ❖ Immunisation records (copy)
- ❖ Proof of professional indemnity insurance
- ❖ AHPRA letter of support and instructions

Statement of application: I will observe the policies, procedures and protocols of Northeast Health Wangaratta and I fully understand that an offer of a practice refresher program does not infer that a position of employment at Northeast Health Wangaratta will be available for me on program completion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to: [students@nhw.org.au](mailto:students@nhw.org.au)

Enquiries: 0357225149