# **RCH Graduate Nurse Program 2021**



## **Application Form**

**Applicant Details** 

**Residential address** 

Name

Please complete this form and attach to your Mercury application. You <u>do not</u> need to attach a cover letter, as this application form replaces the cover letter.

University		
Course name e.g. Bachelor of Nursing (BN)		
Tell us about yourself	150 words, but not to exceed 200 words per question.	_
Questions		
Communication: What do you believe are the key of people and their families?	communication and interpersonal skills required for nursing children, young	
Transition to practice: What do you anticipate to be 2 key what strategies would you implement	<b>challenges</b> in your transition to professional practice as a graduate nurse and ent to manage these?	



RCH values: Integrity  How would you react if you received constructive feedback about your clinical performance that you didn't agree with from a colleague?		
RCH Values: Excellence		
Describe a time when you were under pressure at work or on clinical placement. How did you manage this situation to remain calm, compassionate and focused? (Note: Can be clinical or non-clinical)		

### **Clinical Appraisals**

Details of two most recent clinical app placements i.e. community, mental health,	oraisals provided with application (including all clinical , acute care etc.)
	Appraisal 1
The year of study when the appraisal was completed	
Facility where appraisal completed	
Clinical specialty/area	
Please state the name and position of the person who completed the summative appraisal	



		Appraisal 2
The year of study when the appraisal was completed		
Facility where appraisal completed:		
Clinical specialty/area		
Please state the name and position of the person who completed the summative appraisal		
	ner or pred	es including two nursing clinical referees who can describe your eceptor) and one personal referee (i.e. current employer). If not a curriculum, church etc.
Reference 1		
Name		
Organisation		
Their role		
Relationship (i.e. preceptor)		
Contact Email		
Contact Number		
Reference 2		
Name		
Organisation		
Their role		
Relationship (i.e. preceptor)		
Contact Email		
Contact Number		
'		
Reference 3		
Name		
Organisation		
Their role		
Relationship (i.e. supervisor)		
Contact Email		
Contact Number		



### **Ward Information**

- Platypus Surgical Care
- Cockatoo Surgical and Neurological Care
- Koala Cardiac/ Renal Care
- Sugar Glider Medical Care
- Kookaburra Cancer Care
- Kelpie Adolescent, Oncology and Rehabilitation Care
- Peri Operative- (Theatre, Possum, Day Surgery, Recovery)
- Ambulatory care- (Day Medical and Specialist Clinics)
- Emergency Department
- Dolphin Short Stay Medical
- Butterfly Neonatal Care

Please outline if there is/are any clinical area/s where you would prefer not to work, please explain
Intake Preference
Please tick if you have a preference.
■ Intake One – January/February 2021 (TBC)
■ Intake Two – March/April 2021 (TBC)

#### **Application checklist**

Please check each box to make sure you've attached or completed everything required as part of your application.

Application checklist		
	Have you registered with the PMCV Allocation and Placement System	
	Provided your resume	
	Completed the application form	
	Provided a certified copy of your academic transcript	
	Provided 2 x certified clinical appraisals	

Thank you for taking the time to apply for a Graduate Nurse position at The Royal Children's Hospital.