

# RCH Foundation of Paediatric Practice Program 2026

## Application Form

Please complete this form and upload to your RCH Careers application in the 'Cover Letter' field.

## About you

| APPLICANT DETAILS    |  |        |  |
|----------------------|--|--------|--|
| Name:                |  | Email  |  |
| Residential Address: |  |        |  |
| University:          |  | Course |  |

### Rotation and Intake Preferences

Ambulatory Care – Day Medical and Specialist Clinics  
 Butterfly – Newborn Intensive Care Unit  
 Cockatoo – Surgical and Neuroscience Care  
 Dolphin – Short Stay Emergency  
 Emergency Department  
 Kelpie – Adolescent & Rehabilitation Care  
 Koala – Cardiac & Renal Care

Kookaburra – Cancer Care  
 Perioperative (*including Theatre, Recovery, Possum – Surgical Short Stay and Day Surgery*)  
 Platypus – Surgical Care  
 Rosella – Paediatric Intensive Care Unit  
 Sugar Glider – Medical Care  
 Wombat – Medical Care

| Please outline if there is a clinical area(s) where you would prefer not to work. |                           |               |
|---|---------------------------|---------------|
|   |                           |               |
| Please indicate your Intake preference:   |                           |               |
| Intake 1 (Jan/Feb 2026)   | Intake 2 (June/July 2026) | No preference |

| TELL US ABOUT YOURSELF  |
|---|
| Please complete each of the questions below in 150-200 words. Do not exceed space provided.   |
| <b>RCH Values: Curious</b><br>The RCH Compact states, "I am curious and seek out way to constantly learn and improve". Please provide an example of how you have demonstrated curiosity whilst on clinical placement. |
|   |

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### RCH Values: Inclusive

At RCH we believe we achieve better results when we work together, communicate well, embrace diversity, and celebrate our successes together. Describe a time on clinical placement when you accommodated the individual needs of a patient, family member or colleague.

### RCH Values: Courageous

RCH encourages its team members to always work with determination, ambition and confidence. Please describe a time when you have been faced with a challenging situation at work or on clinical placement. What resources did you utilise and what was your key learning from this situation?

## Clinical Placements and Appraisals

### CLINICAL PLACEMENTS AND APPRAISALS

Please provide the details of your **two most recent clinical placements** (regardless of setting, length or type), which must match the appraisal documentation provided with your application.

#### PLACEMENT 1

|   |  |
|---|--|
| Year of study the placement completed                                 |  |
| Facility where the placement completed                                |  |
| Clinical specialty/area of the placement                              |  |
| Name and position of the person who completed the summative appraisal |  |

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### CLINICAL PLACEMENTS AND APPRAISALS CONTINUED

#### PLACEMENT 2

|   |  |
|---|--|
| Year of study the placement completed                                 |  |
| Facility where the placement completed                                |  |
| Clinical specialty/area of the placement                              |  |
| Name and position of the person who completed the summative appraisal |  |

## References

Please provide details of **two clinical nursing referees who can describe your clinical practice** (i.e. a clinical teacher or preceptor) as per your PMCV registration.

#### REFERENCE 1 – CLINICAL REFERENCE

|                                       |  |
|---------------------------------------|--|
| Referee Name:                         |  |
| Organisation:                         |  |
| Job Title:                            |  |
| Relationship to you (i.e. preceptor): |  |
| Contact Email:                        |  |
| Contact Number:                       |  |

#### REFERENCE 2 – CLINICAL REFERENCE

|                                       |  |
|---------------------------------------|--|
| Referee Name:                         |  |
| Organisation:                         |  |
| Job Title:                            |  |
| Relationship to you (i.e. preceptor): |  |
| Contact Email:                        |  |
| Contact Number:                       |  |

Thank you for taking the time to apply for the Foundation of Paediatric Practice Program at The Royal Children's Hospital. Please upload this form via the RCH Careers job application.