

**EXPRESSIONS OF INTEREST DATA** 



This form is used to formally nominate staff members to undertake the Career Advancement Year program. If you are not nominating any staff, please still complete the form with relevant information.

Please indicate the total number of					
Please provide the total number of Expressions of Interest declined:					
With regards to numbers declined,	please provide a brief outline of the reason/s these could not l	oe supported:			
UNIT NOMINATION DETAILS					
UNIT:					
NOMINATOR (NUM):					
EMAIL:					
TELEPHONE:					
NUMBER OF NOMINEES:					
ROTATION CAPACITY:	Specify total number unit can support per clinical placement				
SIGNATURE:					
STAFF NOMINATION DETAILS					
STAFF NAME:	STAFF ID:				
SUPPORTING COMMENTS					
PLEASE INDICATE WHAT YOU PERCEIVE TO BE THE LEVEL OF <u>KNOWLEDGE AND SKILL</u> FOR THE STAFF MEMBER YOU ARE NOMINATING: <i>(Please circle)</i>					
1. Novice 2. Advanced		kpert			



STAFF NOMINATION DETAILS CONTINUED					
STAFF NAME:		STAFF ID:			
SUPPORTING COMM	MENTS				
PLEASE INDICATE WHAT YOU PERCEIVE TO BE THE LEVEL OF <u>KNOWLEDGE AND SKILL</u> FOR THE STAFF MEMBER YOU ARE NOMINATING: ( <i>Please circle</i> )					
1. Novice	2. Advanced Beginner 3. Compete	nt 4. Proficient	5. Expert		
PLEASE BRIEFLY EXP	LAIN WHY YOU CHOSE THIS:				
STAFF NAME:		STAFF ID:			
SUPPORTING COMN	MENTS				
PLEASE INDICATE WHAT YOU PERCEIVE TO BE THE LEVEL OF <u>KNOWLEDGE AND SKILL</u> FOR THE STAFF MEMBER YOU ARE NOMINATING: <i>(Please circle)</i>					
1. Novice	2. Advanced Beginner 3. Compete	nt 4. Proficient	5. Expert		
PLEASE BRIEFLY EXPLAIN WHY YOU CHOSE THIS:					



STAFF NOMINATION DETAILS CONTINUED					
STAFF NAME:		STAFF ID:			
SUPPORTING COMMENTS					
PLEASE INDICATE W YOU ARE NOMINATI	HAT YOU PERCEIVE TO BE THE LEVEL O	F <u>KNOWLEDGE AND SKILL</u> F	OR THE STAFF MEMBER		
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1. Novice	2. Advanced Beginner 3. Compe	tent 4. Proficient	5. Expert		
DI FASE RRIFEI V FYD	PLAIN WHY YOU CHOSE THIS:				
T LEASE BILLET EX	EAIN WITH TOO CHOSE THIS.				
STAFF NAME:		STAFF ID:			
SUPPORTING COMM	L MENITS	31711 15.			
SOLL OKLING COMM	TEIVIS				
PLEASE INDICATE WHAT YOU PERCEIVE TO BE THE LEVEL OF KNOWLEDGE AND SKILL FOR THE STAFF MEMBER					
YOU ARE NOMINATI	NG: (Please circle)				
1. Novice	2. Advanced Beginner 3. Compe	tent 4. Proficient	5. Expert		
PLEASE BRIEFLY EXPLAIN WHY YOU CHOSE THIS:					

Please forward your nomination form to <a href="mailto:nursing.education@rch.org.au">nursing.education@rch.org.au</a> no later than close of business on **3 March 2023**.