

RCH Graduate Nurse Program 2022



Application Form

Please complete this form and upload to your RCH Careers application in lieu of a cover letter. A separate cover letter is not required, and should not be provided as part of your application.

APPLICANT DETAILS	
NAME:	
RESIDENTIAL ADDRESS:	
UNIVERSITY:	
COURSE NAME:	

PERSONAL STATEMENTS
Each response should be 150-200 words only.

Transition to practice.
What do you anticipate being the key challenge in your transition to professional practice as a graduate nurse, and what strategies would you implement to manage this challenge?

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Communication
What do you believe are your key communication and interpersonal skills and how would these be beneficial when caring for children, young people, and their families?

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RCH Values: Respect

What does respectful and culturally safe care mean to you? Can you tell us about a time where you demonstrated this kind of care in your practice?

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RCH Values: Excellence

Describe a time you have been faced with a challenging situation in your clinical practice as an entry to practice student nurse. What was your key learning from this situation?

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CLINICAL APPRAISALS

Please provide details of the **two most recent clinical appraisals** provided with application (regardless of the clinical setting).

Appraisal 1	Date appraisal completed:	
Facility where appraisal completed:		
Clinical specialty/area		
Name and position of person who completed the summative appraisal:		
Appraisal 2	Date appraisal completed:	
Facility where appraisal completed:		
Clinical specialty/area		
Name and position of person who completed the summative appraisal:		

REFERENCES

Please provide us with details of three referees including two nursing clinical referees who can describe your clinical practice (i.e. a clinical teacher or preceptor) and one personal referee (i.e. current employer, sport coach). Please ensure that your listed referees match those provided on PMVC Allocation & Placement Service.

Reference 1 – Clinical Referee

Referee Name:		Relationship:	
Organisation:		Job Title:	
Contact Email		Contact Phone:	

Reference 2 – Clinical Referee

Referee Name:		Relationship:	
Organisation:		Job Title:	
Contact Email		Contact Phone:	

Reference 3 – Personal Referee

Referee Name:		Relationship:	
Organisation:		Job Title:	
Contact Email		Contact Phone:	

INTAKE PREFERENCES [Please visit our GNP website for specific ward rotation information.](#)

Please indicate which intake date you would prefer:

Jan/Feb 2022	Mar/Apr 2022
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Is there any clinical area(s) you would **prefer not to work**? Please provide details and a short explanation below.

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APPLICATION CHECKLIST

Please check the boxes below to indicate that you have completed all application requirements.

- Registered with PMVC Allocation & Placement Service
- Provided a resume
- Completed the application form
- Provided a certified copy of your academic transcript
- Provided certified copies of your two most recent Clinical Appraisal documents

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