

Nurse Endoscopy

Hospital and Health Services expression of interest form

Please complete this form to register your expression of interest in applying for a place in the Master of Nursing (Endoscopy).

Your details			
First name:		Last name:	
Phone:		Email:	
Present position:			
Hospital and Health Service or organisation:			
Applicable facility:			
Location of facility (city and state):			
Principal contact:			
Your signature:		Date:	
Check list			
It is important the Hospital and Health Service meets all minimum requirements prior to you submitting your expression of interest in the Master of Nursing (Endoscopy). Minimum requirements are as follows: (please select <i>yes</i> or <i>no</i> to note compliance).			
The Hospital and Health Service has:			
An established endoscopy-gastroenterology service	yes/no		
Compliance with Gastroenterological Society of Australia (GESA) Standards for Endoscopic Facilities and Service – minimum standard, or equivalent	yes/no		
Service capacity for three endoscopy training lists per week, per trainee	yes/no		
Clinical supervisors who meet Clinical Supervisor Requirements as stated in Clinical Supervisor Requirements	yes/no		
The clinical training supervisor/s has:			

Completed or will successfully complete the GESA National Endoscopy Training Initiative (NETI) Train-the-Colonoscopy-Trainer program, or equivalent	yes/no
Each trainee has access to two clinical supervisors	yes/no
The nurse endoscopy candidate information	
The facility has a candidate nominating to participate in the program	yes/no
The facility has vacancy to train other candidates	yes/no
Funding	
L25 Medical Officer 0.25 FTE per trainee required	Yes/no
Nurse grade 7 funding required	yes/no
Scope funding source required (Magnetic imager scope guide to assist with training)	yes/no
Other funding requirements (please list including cost)	yes/no
Agreement	
I confirm and support the details outlined in this expression of interest	
HHS Chief Executive	
HHS Medical Director (Gastroenterology)	
Surgical Director	
Anaesthetics Director	
HHS Executive Director of Nursing (or equivalent)	

Form Submission

When completed and signed by all parties, please submit this form to the Executive Director of Nursing at the HHS or organisation you specified.

Applications for the program must be submitted by close of business on Thursday, 31 March 2016 to the Office of the Chief Nursing and Midwifery Officer.

Any forms not correctly completed or appropriately authorised will be returned to the originator for correction and re-submission.

Privacy information: The Department of Health (the department) is collecting information in accordance with the *Information Privacy Act 2009* (Qld) in order to coordinate/administer the arrangements for the Nurse Endoscopy Initiative. The information will be stored securely and accessed only by the department's authorised employees. The information collected will not be disclosed to any other third party without consent, unless authorised or required by law.