

Nurse Endoscopy

Candidate 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:	
Current area of practice:			
Present position:			
Hospital and Health Service or organisation:			
Facility:			
Location of facility (city and state):			
Principal contact:			
I have attached a brief copy of my resume (1-2 pages)		yes/no	
Your signature:			Date:
Check list			
<p>It is important that you review the minimum entry requirements prior to you submitting your expression of interest Master of Nursing (Endoscopy).</p> <p>For more information regarding the minimum entry requirements please refer to the QUT course information document provided in this package or contact QUT :</p> <p>Amanda Fox Academic Coordinator School of Nursing and Midwifery Queensland University of Technology Phone: 07 3138 3884 Email: a.fox@qut.edu.au</p>			

Minimum requirements are as follows (please select *yes* or *no* to note compliance).

The nurse endoscopy candidate has:	
Recent Registered Nurse clinical practice experience that complies with the QUT entry requirements	yes/no
Registered as a nurse with the Australian Health Practitioner Regulation Agency (AHPRA)	yes/no
Have completed a recognised Graduate Certificate in Nursing (or higher) with a focus on gastroenterology that was obtained in the past 10 years	yes/no
Experience in the gastroenterology speciality that complies with the QUT entry requirements	yes/no
Agreed to successfully complete the education modules stipulated in the training program	yes/no
Has the support of your HHS Executive Director of Nursing to participate in the program	yes/no
Agreement	
I confirm and support the details outlined in this expression of interest	
Nurse endoscopy candidate	HHS Executive Director of Nursing (or equivalent)
Signature:	Signature:
Date:	Date:

Form Submission

When completed and signed by all parties, please submit this form to the Office of the Chief Nursing and Midwifery Officer via email to ChiefNurse-office@health.qld.gov.au

Applications for the program must be submitted by close of business on Thursday, 31 March 2016.

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.