

Mental Health – Statement of Employment

To be completed by students applying for Mental Health/Mental Health Nursing courses: Graduate certificate, Graduate Diploma and Masters



Student Details	
Family Name:	Given Names:
Email:	Phone No:
AHPRA Number (Nursing Applicants):	

Course Details (Please tick the appropriate)	
<input type="checkbox"/> Graduate Certificate Mental Health <input type="checkbox"/> Graduate Diploma Mental Health <input type="checkbox"/> Masters Mental Health	<input type="checkbox"/> Graduate Certificate Mental Health Nursing <input type="checkbox"/> Graduate Diploma Mental Health Nursing <input type="checkbox"/> Masters Mental Health Nursing

Employment Details	
Organisation Name:	
Street Address:	
Position Title:	
Contact supervisor/Nurse Unit manager:	
Phone No:	Email:

All boxes in the appropriate declaration must be ticked for form to be accepted

Declaration of Support - <u>Non-Nursing course applicants only</u>	
<i>I confirm that the above-named student's:</i>	
<input type="checkbox"/> workplace duties bring them into <u>regular contact with people who have a mental health condition.</u>	
X _____ Supervisor Name and Position Title	X _____ Supervisor Signature

OR

Declaration of Support - <u>Nursing course applicants only</u>	
<i>I confirm that the above-named student is:</i>	
<input type="checkbox"/> <u>employed by a mental health service;</u>	
<input type="checkbox"/> <u>employed in the capacity as a mental health nurse</u>	
X _____ Supervisor Name and Position Title	X _____ Supervisor Signature

Upload completed form with application
OR
Email to admissions@acu.edu.au