



Curtin ID: \_\_\_\_\_

Applicant's full name: \_\_\_\_\_

This Application Checklist and Statement of Employment is for the applicants who apply for one of following two course:

1. Bachelor of Science (Nursing) – Conversion Program for Registered Nurses (**Australian Registration Nurse Stream**): This program prepares registered nurses without current registration in Australia for registration and leads to registration with AHPRA as a Division 1 Nurse (registered nurse).
2. Bachelor of Science (Nursing) – Conversion Program for Registered Nurses (**Non-Registration Nurse stream**): This program advances the qualification to bachelor level for diploma qualified registered nurses who are already registered in Australia.

### Application Checklist

**eApplication**

You need to submit an online application via [Curtin Website](#) for the Bachelor of Science (Nursing) Registered Nurse Conversion Australian Registration Nurse Stream OR Registered Nurse Conversion Non-Registration Nurse Stream.

**With your online application, you need to provide following documents:**

**Award Certificate and Academic Transcript of your qualification(s)**

You will need to attach colour scanned copies of original Award Certificate and Academic Transcript including corresponding results key as per [the University guideline](#).

If your original documents are not issued in English, an official translation from a **recognised translation service** must be provided. Please refer to [the University guideline](#) page for recognised translation services.

**Evidence of meeting English Language Proficiency for this course (only applicable for Australian Registration Nurse Steam only)**

For details visit: <https://futurestudents.curtin.edu.au/english-proficiency/course-list/>

**Evidence of Registration (only applicable for Australian Registration Nurse Steam only)**

You need to hold current registration as a Registered Nurse in your home country at the time of commencing the course.

**Statement of Employment Template**

This needs to be completed by your employer(s)\* confirming that you have a minimum of 3 months fulltime work experience in an acute care setting as a Registered Nurse in the last 5 years.

**Letter from your employer**

An official letter confirming employment from your previous/ current employer(s)\*.

**Job Description Form**

Your Job Description Form (JDF) from your employer(s)\* needs to be provided. Please ensure this is printed on the organisation's official letterhead.

*\*If the clinical work experience information is to be provided by more than one employer, please ensure that each employer provide a separate statement of employment, Employment confirmation letter and Job Description Form.*



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**Statement of Employment Template**

**Instructions for the employer:**

A Statement(s) of Employment is required to confirm that below mentioned applicant has a minimum of 3 months fulltime clinical work experience in an acute care setting as a Registered Nurse in the last 5 years. Before you complete this form, please read below instruction carefully.

- This form must be completed by you as an employer of the applicant.
- **All section must be completed.**
- To support the statement please also provide **an official Employment Confirmation Letter and a Job Description Form (JDF)** describing duties performed/ scope of practice relating to the position. Please note both documents must be printed on official company letterhead.

**Details of Person completing this form**

Name:

Position:

Organisation:

Relationship to Applicant:

**Details of Applicant**

Name of Applicant:

Name of organisation:  
(where clinical experience was obtained)

Title/ Position of Clinical Role:

Contract Start Date:

Contract Status/ End Date:

**Description of the Type of Clinical Experience Obtained**

Description of Clinical Setting	No. of hours worked	No. of beds/patients
Medical		
Surgical		
Paediatrics / Maternal & Child Health		
Mental Health		
Critical Care & Emergency		
Community & Primary Health Care		
Total Number of Clinical Experience Hours		



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**Additional Comments regarding employment status (if applicable):**

- Attached is an official letter confirming employment from the employer
- Attached is a Job Description Form from the employer

**Declaration by Clinical Work Experience Employer**

I acknowledge that the clinical hours and roles described within this statement of employment are true and correct and, have been undertaken by

\_\_\_\_\_ within \_\_\_\_\_  
(Name) (Name of Organisation)

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Sign) Day / Month / Year

\_\_\_\_\_, \_\_\_\_\_  
(Print Name of Signatory) (Job Title)

**Contact Details**

\* Please note that your current contact details are required for verification.

**Phone:**

**Email:**

**Address:**