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.
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.

<table>
<thead>
<tr>
<th>Description of Clinical Setting</th>
<th>No. of hours worked</th>
<th>No. of beds/patients</th>
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<tbody>
<tr>
<td>Medical</td>
<td></td>
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<tr>
<td>Surgical</td>
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<td>Paediatrics / Maternal &amp; Child Health</td>
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<td>Mental Health</td>
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<td>Critical Care &amp; Emergency</td>
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<tr>
<td>Community &amp; Primary Health Care</td>
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<tr>
<td>Total Number of Clinical Experience Hours</td>
<td></td>
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</tbody>
</table>
Bachelor of Science (Nursing) Conversion Program
Application Checklist and Statement of Employment

Curtin ID: ____________________________
Applicant’s full name: __________________________

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: