

# IRON Program Application Form

## Initial Registration Course Overseas Nurses

This form is for all applicants except those applying for a Student Visa (500) – Please use International student application form for the Student Visa (500)



Course Name		Course Cost	
Initial – Registration Course for Overseas Nurses (Registered Nurse Division1)		AUD \$	
<b>Please list at two preferred intake dates:</b> _____ / _____ <b>Circle the campus you wish to study at:</b> Adelaide (SA) Melbourne (Vic) Perth (WA) Sydney (NSW) Positions are offered depending on availability. ETEA will endeavour, but cannot promise, to meet your preferred commencement period.			
Personal details (if a single name please write only in Given Name)			
Family name		Given Name	
Title (Mr/Mrs/Miss/Mrs/Dr)		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Address:			
Suburb Town		Post/Zip code	
State / County		Country:	
Telephone (Home)	( ) +	Business	
(Mobile):	( ) +	Student email (please print)	
Emergency contact name:		Emergency contact relationship	
Emergency contact number	( ) +		
Agent Name		Agent (Phone)	( ) +
Agent Email:			
Additional Information			
Please list below any additional information that will assist in ETEA assessing your application (e.g. Pregnancy):			
Required Documentation			
Please ensure you have attached to this application the documentation listed below.			
<input type="checkbox"/> A copy of the email correspondence and attached letter from the Australian Health Practitioner Regulation Agency (AHPRA) stating the Applicant's eligibility to complete the Initial-Registration course for Overseas Registered Nurses ( all applicants ) <input type="checkbox"/> A copy of the correspondence and attached International Criminal History Check results (Fit2Work) ( all applicants ) <input type="checkbox"/> A signed Curriculum Vitae ( all applicants ) <input type="checkbox"/> A certified copy of your IELTS/OET/PTE English Test results (if you were required to undertake English Testing) <input type="checkbox"/> Certified copy Australian Police Criminal Check (if currently residing in Australia ) <input type="checkbox"/> Working with Children Check or DCSI clearances (if currently residing in Australia) <input type="checkbox"/> Certificate of Fitness from a medical officer if you have any existing medical condition or pregnancy that may impact your professional experience placement.			
Fees and Charges			
<ul style="list-style-type: none"> <li>The Application Fee must be paid in full before the Application assessment process will commence.</li> </ul>			

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Document Name	Application Form (Domestic) – IRON	Company name	ETEA	Issued:	Oct 2016	Ver 1.3
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- The Application Fee is non-refundable, irrespective of the Application outcome.
- Please enclose a Bank Draft or Cheque for the full Application Fee made payable to “ETEA” with this application.
- A successful Application will result in a Letter of Offer being sent to the Applicant offering a position in a future course. This offer will include full details of the terms and conditions associated to that offer
- The IRON program requires full attendance to 100% of face to face classes and clinical placement. Absenteeism from classes and/or placement without a medical certificate will require that the student repeats the missed day(s) and any associated costs to ETEA will be on-charged to the student.

**The Assessment Fee is: AUD\$150.00**

**Terms and Conditions**

- On program commencement you must have an appropriate VISA or be a Permanent Resident or Citizen of Australia or (for advice contact the Australian Government’s Department of Immigration and Multicultural Affairs - [www.immi.gov.au](http://www.immi.gov.au)).
- ETEA endorses the recommendations included in the immunisation guidelines for Health Care Workers (Department of Human Services 1998). It is a **requirement** that you have documented evidence of Vaccination and/or immunity to vaccine preventable diseases prior to commencement of clinical placement. ETEA strongly suggest you have this evidence by course commencement (see attached list).
- Failure to provide the required evidence in attached list may result in a delayed clinical placement. Any charges incurred by ETEA as a result will be on-charged to the student.
- All places are subject to availability.
- A completed and signed Application Form with the full Application Fee is required; before your assessment will be processed. Payment can be made on line at : <http://www.etea.edu.au/templates/etea/lib/eway/>
- An interview will be conducted prior to program commencement.

**Privacy Statement**

ETEA respects the privacy of the Applicant’s personal information and will only use and/or disclose the Applicant’s personal information where:

- It is required by ETEA or a related or engaged entity of ETEA for the Application and possible subsequent Enrolment process of the Applicant’s application request.
- a medical or first aid provider requires such information for the purposes of administering assistance to the student in a medical emergency;
- It is required by law; and/or consent has been given by the Applicant.

The Applicant may access the collected personal information, where legally available, by making a written request to ETEA’s Head Office.

**Declaration**

- I declare that the information provided on this form is true and complete.
- I acknowledge that Education Training and Employment Australia reserve the right to reverse or adjust any decision concerning my application or enrolment due to incorrect or incomplete information.
- I authorise Education Training and Employment Australia to obtain information about me from educational institutions and government authorities, as well as from any individuals, employers, referees, and/or other groups I have provided as part of this Application.
- I acknowledge that I have read and understood the terms and conditions as listed on this Application and understand that they form part of this Application.
- I acknowledge that the Application Fee of AUD \$150.00 which I am including to have this application assessed is non-refundable, irrespective of the outcome of my application.
- Student has access the NMBA standards for registration website <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Delivery Of Application Please submit all applications by email to: [info@etea.edu.au](mailto:info@etea.edu.au)**

**Checklist**

Use the following checklist to ensure your Application Form is complete and able to be processed.

- Completed ALL sections of the Application Form
- Attached Required Documentation
- Signed & dated Declaration
- Enclosed payment of Application Fee

**For Further Information**

Education Training & Employment Australia  
 Website: [www.etea.edu.au](http://www.etea.edu.au)  
 Ph: (03) 9450 0500 within Australia  
 Fax: (03) 9450 0501 within Australia

Email: [info@etea.edu.au](mailto:info@etea.edu.au)  
 Ph: +613 9450 0500 outside of Australia  
 Fax: +613 9450 0501 outside of Australia

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# National Vaccine Administration Checklist

<b>Student Name</b>	
<b>Student D.O.B.</b>	
<b>Iron Course Intake Date</b>	

- This is a checklist for the student to use. It is not an official record.
- This form is not to be filled in by a doctor.
- All evidence **MUST** be signed by medical staff and include Registration/License number

Vaccine/Immunisation	Vaccination evidence attached	Serology evidence attached
<p><b><u>dTpa - Diphtheria, Pertussis and Tetanus</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Vaccination of each (all) within the last ten (10) years IF vaccination records are not available</li> <li>• Evidence of each (all) Serology Required</li> </ul>		
<p><b><u>MMR – Measles, Mumps, Rubella</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Serology Required for each (all) IF serology shows insufficient immunity =</li> <li>• Evidence of two (2) Vaccinations Required + post vaccination serology</li> </ul>		
<p><b><u>Hepatitis B</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Vaccination Required AND</li> <li>• Evidence of Serology Required (HBsAb – No FastTrack)</li> </ul>		
<p><b><u>Varicella Zoster / Chicken Pox</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Serology Required IF serology shows insufficient immunity =</li> <li>• Evidence of two (2) Vaccinations Required</li> </ul>		
<p><b><u>Tuberculosis (TB)</u></b></p> <ul style="list-style-type: none"> <li>• On Line screen email report Required <a href="http://www.pages.on.net/questionnaire.php">http://www.pages.on.net/questionnaire.php</a></li> <li>• Evidence of Mantoux Test (If required)</li> <li>• Chest X-Ray report (If required)</li> </ul>		
<p><b><u>Poliomyelitis (Polio)</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Vaccination Required (Inactivated PV or Oral PV)</li> </ul>		
<p><b><u>Influenza (Flu)</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of Vaccination Required (Less than 12 months old)</li> </ul>		
<p><b><u>Multi Resistant Staphylococcus Aureus (MRSA)</u></b></p> <ul style="list-style-type: none"> <li>• Nasal Swab results</li> </ul>		

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