



## STATEMENT OF CLINICAL SUPPORT

### GRADUATE CERTIFICATE IN NURSING (CRITICAL CARE) PROGRAM CODE: ICNG

**Please Note:** This form must be completed by all applicants and uploaded to their SATAC application.

| Section 1: Applicant details |  |                  |  |
|------------------------------|--|------------------|--|
| Family name                  |  |                  |  |
| Given names                  |  |                  |  |
| Date of birth                |  | Telephone number |  |
| SATAC Application Number     |  |                  |  |

| Section 2: Employer Support (to be completed by applicant's Clinical Manager only) |  |
|--|--|
| Manager's name   |  |
| Phone number   |  |
| E-mail   |  |
| Organisation   |  |
| Ward of Employment   |  |

| Section 3: Manager's Declaration  |  |      |  |
|---|--|------|--|
| I declare that the applicant is employed in the specialised area of critical care nursing (either ICU, ED, or CCU) for the duration of the above program. Furthermore, I will support the applicant to complete their <b>Clinical Skills Portfolio</b> book with relevant learning opportunities. |  |      |  |
| Signature   |  | Date |  |