

**Additional Information for Admission**

Master of Nursing/Mental Health Nursing/Midwifery

Program Code: IMNG

**Please Note:** This form must be completed in addition to your online application and submitted no later than one week after your online application.

Completed forms for **Australian Citizen or Permanent Resident** applicants should be sent by mail to:

Manager: Academic Services  
Division of Health Sciences  
University of South Australia  
City East Campus  
GPO Box 2471  
Adelaide SA 5001  
Telephone: +61 8 8302 1820

OR

**Fax applications:**  
Manager: Academic Services  
Division of Health Sciences  
University of South Australia  
Fax Number: +61 8 8302 1116

Completed forms for **International applicants** should be sent by mail to:

UniSA International  
University of South Australia  
GPO Box 2471  
Adelaide SA 5001  
AUSTRALIA

**Fax applications:**  
University of South Australia  
Fax Number: +61 8 8302 0233

Family name	
First name	
Date of birth	
Contact Number	
Online Application number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Indicate the Specialty strand you wish to study:**

(Please note that not all specialty strands are available every year.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aviation        | <input type="checkbox"/> Health & Ageing         | <input type="checkbox"/> Negotiated studies |
| <input type="checkbox"/> Cardio Vascular | <input type="checkbox"/> Immunisation            | <input type="checkbox"/> Nurse Education    |
| <input type="checkbox"/> Critical Care   | <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> Other              |

**Indicate the Specialty strand for which you are seeking credit in, if applicable:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acute Care                         | <input type="checkbox"/> Emergency               | <input type="checkbox"/> Nurse Education                |
| <input type="checkbox"/> Advanced Medical /Surgical Nursing | <input type="checkbox"/> Intensive Care          | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Alcohol & Other Drugs              | <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> Paediatrics and Child Health   |
| <input type="checkbox"/> Anaesthetics and Recovery          | <input type="checkbox"/> Medical Imaging         | <input type="checkbox"/> Perioperative                  |
| <input type="checkbox"/> Aviation                           | <input type="checkbox"/> Mental Health           | <input type="checkbox"/> Primary Health care            |
| <input type="checkbox"/> Coronary Care                      | <input type="checkbox"/> Midwifery               | <input type="checkbox"/> Rural and Remote               |
|   | <input type="checkbox"/> Nephrology              |   |

**Australian Citizen or Permanent Resident applicants:**

Are also required to provide a certified copy of their current nursing registration card for nursing/midwifery and completed academic transcripts

**International applicants:**

Are also required to provide evidence that they are eligible to be licensed to practice as a registered nurse/midwife.

**Declaration**

I declare that the information given in this application is true and complete in every particular.  
I authorise the University to obtain from the institutions concerned whatever details of my academic record it considers necessary.

Applicant Signature

Date