



University of
South Australia

Division of
Health Sciences

STATEMENT OF CLINICAL SUPPORT

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

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

This program is only available to Australian Citizens or Permanent residents and is not available to international students. Completed forms must be uploaded with the application via SATAC.

Applicant details				
Family name				
Given names				
Date of birth		Telephone number		
SATAC Application Number				
Specialisation	Critical Care		Cardiovascular	

Employer Support (to be completed by Applicant's Clinical Manager Only)	
Manager's name	
Phone number	
E-mail	
Organisation	
Ward of Employment	

Manager's Declaration			
I declare that the applicant is employed in the specialised area of critical care nursing/cardiovascular nursing (please cross out which one does not apply) for the purpose of entry into the above program.			
Signature		Date	