



## STATEMENT OF CLINICAL SUPPORT

### GRADUATE CERTIFICATE IN NURSING (CARDIOVASCULAR) (ICNG)

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 Name(s)            |  |                  |  |
| Date of Birth            |  | Telephone Number |  |
| SATAC Application Number |  |                  |  |

| Employer Support<br>(to be completed by Applicant's Clinical Manager) |  |
|---|--|
| Manager's Name  |  |
| Phone Number  |  |
| E-mail  |  |
| Organisation  |  |
| Ward of Employment  |  |

| Clinical Manager's Declaration   |  |      |  |
|--|--|------|--|
| I declare that the applicant is employed in the specialised area of cardiovascular nursing for the purposes of admission into the above program. |  |      |  |
| Signature  |  | Date |  |