



STATEMENT OF EMPLOYMENT
GRADUATE DIPLOMA IN MENTAL HEALTH NURSING
PROGRAM CODE: IGMG

Please Note: This form must be completed by all applicants, regardless of their area of current employment. This form must be submitted with a current Department of Human Services (DHS) Child-Related Clearance or a Working with Children Check (from 1 July 2019), and a SAPOL issued National Police Certificate (or other state police if residing outside SA).

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					
Are you currently working in a Mental Health Nursing area?	Yes		If Yes, please complete the employer details section below	No	If no, please complete the applicant declaration

Employer details					
Organisation					
Ward / Area					
Mental Health Focus					
Employment Status	Full Time		Part Time		Other
Manager's Name					
Manager's Email		Telephone number			

Employer Declaration			
As the employer, I declare that the applicant is working in the area of mental health nursing.			
Signature:		Date:	

Applicant Declaration			
As the applicant, I declare that the information on this form is true and correct.			
Signature:		Date:	