



## Graduate Diploma in Mental Health Nursing

### Employer Sponsored Pathway

#### Confirmation of Employment

This form must be completed and uploaded to SATAC before an application for entry into the program will be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Confirmation of Employment** section must be completed by a manager or other authorised person employed by the organisation where the applicant will be working if they are successful in securing a place in the program.

#### Applicant Details and Declaration

This section to be completed by the applicant

|   |  |             |  |
|---|--|-------------|--|
| Given Name  |  | Family Name |  |
| SATAC Reference :   |  |             |  |
| <input type="checkbox"/> I understand that my enrolment in this program pathway is dependent on maintaining employment within a mental health facility for the duration of the study program. |  |             |  |
| Applicant Signature   |  | Date        |  |

#### Confirmation of Employment

This section to be completed by a manager or authorised employee

☐ I certify that the applicant named above is currently employed or will be employed as a mental health nurse within the facility for the duration of their study program.

#### Manager or Authorised Employee Details

|                      |  |       |  |
|----------------------|--|-------|--|
| Name and Title       |  |       |  |
| Ward/Area            |  |       |  |
| Mental Health Focus  |  |       |  |
| Name of Organisation |  |       |  |
| Organisation Address |  |       |  |
| Phone number         |  | Email |  |
| Authorised Signature |  | Date  |  |