

## Return to Nursing

### INFORMATION SHEET (Clinical Experience Planning)

Date: \_\_\_\_\_

New Zealand Residence Address and Contact Phone Number: \_\_\_\_\_

Present Residence Address and Contact Phone Number: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Country where Nursing Qualifications obtained: \_\_\_\_\_

Year of Registration: \_\_\_\_\_

Months/Years in New Zealand: \_\_\_\_\_ Current Visa/Residency Status: \_\_\_\_\_

*Please include certified copy of visa status.*

#### Nursing Experience

Organisation/Institution	Type of Work Experience	Position	Dates Commenced & Completed
<i>e.g. Royal Children's Hospital Rangoon</i>	<i>e.g. Theatre, Surgical, Emergency</i>	<i>e.g. Charge Nurse/Staff Nurse</i>	<i>e.g. 4 Jan 90 – 10 Dec 98</i>

Any other relevant information or experience. Please include information regarding experience in nursing or health care situations in New Zealand. Note date and length of experience. \_\_\_\_\_

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\_\_\_\_\_

Type/Area of preference for clinical experience, e.g. Medical, Surgical. \_\_\_\_\_

Date of letter from Nursing Council: \_\_\_\_\_

Post Registration or other completed Courses: \_\_\_\_\_

Courses in New Zealand: \_\_\_\_\_

## Section 2

**Q1** What are your expectations of the course?

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**Q2** Do you know of any barriers to your success in completing this course?

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Please attach a current CV.

Thank you for providing this information. It is helpful in providing you with the appropriate clinical experience.