

**Faculty of Social and Health Sciences
Department of Nursing**

**2014
Bachelor of Nursing Programme
SUPPLEMENTARY APPLICANT FORMS**

Documents A to C are to be fully completed, signed and returned to the following address along with verified documents:

| Form | |
|-------------|--|
| A | Contact details for two Referees (<i>must have email details</i>) |
| B | Self Disclosure - Medical |
| C | Self Disclosure - General |
| | Unitec Application/Enrolment Application (<i>To be completed online as below</i>) |
| | Certified proof of citizenship or residency (<i>Copy of verified passport or birth certificate</i>) |
| | Certified proof of academic qualifications (<i>copy of verified NCEA records or certificates from post secondary</i>) |

When you have all of the above information, please post it to the following address:

Student Administration - Nursing
Building 180-2113
Unitec Institute of Technology
FREEPOST 3208
Private Bag 92025
AUCKLAND 1142

**Please note you need to apply online for the
Bachelor of Nursing Programme**
<http://www.unitec.ac.nz/myUnitec/index.cfm>

**Your application cannot be processed until all of the above
requested information is supplied.**

**Department of Nursing
Bachelor of Nursing Programme**

REFEREE DETAILS

Please print clearly

Your Name: _____

- Please provide **full** contact details for each referee. (If a company, check if it has a PO Box address. **You must also provide an email address**).
- Referees should be tutors or employers etc, **NOT** relatives or close friends and they must be a New Zealand citizen or permanent resident. Please ask people if they are willing to be your referee **before** writing their details down.
- If you are intending to transfer to the Bachelor of Nursing Programme from another Unitec programme or another educational institution, one of your referees **MUST** be a Lecturer or Programme Leader where you have been enrolled within the last 2 years.

Your application will not be processed until their reference is provided.

| | |
|---|--------------------|
| 1st Referee: | |
| Name: _____ | |
| Postal Address: | |
| Street: _____ | Suburb: _____ |
| Town: _____ | Postal Code: _____ |
| Occupation / Title: _____ | Phone: _____ |
| E-mail: _____ (Please provide address) | |

| | |
|---|--------------------|
| 2nd Referee: | |
| Name: _____ | |
| Postal Address: | |
| Street: _____ | Suburb: _____ |
| Town: _____ | Postal Code: _____ |
| Occupation / Title: _____ | Phone: _____ |
| E-mail: _____ (Please provide address) | |

**Department of Nursing
Bachelor of Nursing Programme**

SELF DISCLOSURE - MEDICAL FORM

Full Name _____

SELF DISCLOSURE - MEDICAL (please read carefully and ✓tick the appropriate box(es))

I declare that to the best of my knowledge I have no known medical condition(s) (mental or physical) which will impact on my ability to practice safely in the practice context.

I declare that I have the following medical condition(s) (mental or physical) identified below and that they will **not** impact on my ability to practice safely in the practice context.

I declare that I have the following medical condition(s) (mental or physical) listed below and that they **may** impact on my ability to practice safely in the practice context.

I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my enrolment may be terminated and my application to register as a nurse may be prejudiced. Furthermore, I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

I understand that the Department of Nursing, Unitec Institute of Technology requires this information to ensure the safety of patients, public and staff in hospitals or institutions where I may be placed for practical experience.

If you are unable to complete this declaration, please contact the Head of Department of Nursing – Sue Gasquoine.

PRIVACY ACT

Pursuant to Principle 11(d) of the Privacy Act 1993, I agree to the disclosure and use of the information on this form (and supporting information) by the Department of Nursing, Unitec Institute of Technology to hospitals or other institutions where I may be placed for practical experience.

I understand that I have the right to access and correct any of my personal information held by the Department of Nursing, Unitec Institute of Technology.

Signed: _____ Date: _____

**Department of Nursing
Bachelor of Nursing**

SELF-DISCLOSURE - GENERAL

Full Name _____

CONVICTIONS AGAINST THE LAW

Have you ever been convicted of, or are being prosecuted for, a criminal offence (apart from minor traffic convictions)?

Please Tick (✓) Yes No

If "YES" please provide details of the charge(s) upon which you were convicted, together with the penalty it carries and, if applicable, the penalty actually handed down to you by the court, if any. You are also welcome to provide a report or submission regarding any mitigating circumstances in respect of the conviction(s). (You may put this in a sealed envelope and mark it private – this will then only be available to the Discipline Leader). You are also required to notify the Department of Nursing, Unitec should you be convicted of any criminal conviction during the course of your studies.

I understand that the Department of Nursing, Unitec requires this information in order to:

- protect the patients, public and staff in hospitals or other institutions where I may be placed for practical experience; and
- ensure the integrity of the Department of Nursing recommendation to the Nursing Council made under Regulation 19(2) of the Nursing Regulations 1986.

PRIVACY ACT

Pursuant to Principle 11(d) of the Privacy Act 1993, I agree to the disclosure and use of the information on this form (and supporting information) by the Department of Nursing, Unitec to hospitals or other institutions where I may be placed for practical experience, and the New Zealand Nursing Council in response to their requests under statutory authority.

I understand that I have the right to access and correct any of my personal information held by the Department of Nursing, Unitec.

PREVIOUS NURSING ENROLMENTS

- I declare that I **have never** been enrolled in a New Zealand Bachelor of Nursing Course.
- I declare that I **have been** enrolled in a New Zealand Bachelor of Nursing Course at _____
_____ in the year _____ and I have attached my academic transcript.

Signed: _____

Date: _____

INDICATIVE COSTS ASSOCIATED WITH THE BACHELOR OF NURSING PROGRAMME

Please retain this for your reference

| | *All prices approximate and subject to change | |
|--|--|--|
| Domestic Fees | | |
| Tuition Fees | \$5,489.00 <i>(2013 fee)</i> | Annually - Year One <i>(indicative fee)</i> |
| Books | <i>Approximately</i> \$800 - 900.00 \$800 - 900.00 \$700.00 | Year 1 - Annually Year 2 - Annually Year 3 - Annually |
| Uniform | \$124.00 | One-off cost Student responsibility |
| Vital signs packs ❖ Stethoscope ❖ Sphygmomanometer ❖ Thermometer ❖ Torch ❖ Scissors ❖ Nurses watch | <i>Approximately</i> \$120.00 | One-off cost |
| First Aid Certificate <i>(based on cost of Unitec workshop, other outside courses will be more expensive)</i> | \$85.00 <i>If taken at Unitec</i> | One-off cost Student responsibility <i>Must be completed before commencement of study.</i> |
| Name Badge | \$10.00 | One-off cost. |
| Immune Status Report | Approx \$300 - \$400 <i>From local GP</i> | One-off cost Student responsibility |
| Cross credit application <i>(if relevant)</i> | \$105.00 | One-off cost |
| Approximate total cost for Year One Student Nurse | \$7028.00 | |

Additional Cost:

| | | |
|---|--------------------------|----------------------------|
| State Exam Fee (Extra not included in fees) | State Examination Fee | 165.00 |
| | Nursing Registration Fee | 75.00 |
| | Administration | 30.00 |
| <i>After completing the programme</i> | Total | \$270.00 |
| | | <i>(subject to change)</i> |

The form of Indicative Costs Associated with the Bachelor of Nursing programme is to be retained for your information.