

Application Form (Bachelor of Nursing)

Domestic students only

Use this form to confirm your English language skills, acceptance of the Inherent Requirements and declare any registered Nursing work experience.



Murdoch University Admissions Office
Domestic Students:
DomesticAdmissions@murdoch.edu.au

BEFORE YOU START

Save a copy of this form, then open it in Adobe Acrobat Reader. This enables you to complete the form electronically. Please upload this form with your application submission. **Please note that all fields in this form are mandatory.**

APPLICATION DETAILS

Please complete the sections below. Incomplete applications will not be assessed.

Applicant/TISC ID: **Surname:**

Date of Birth

Given Name/s:

If you are applying direct to Murdoch for admissions and you do not yet have an Applicant ID, you can create one at <https://goto.murdoch.edu.au/MyAdmission>

1. DECLARATION OF ENGLISH LANGUAGE SKILLS FOR NURSING & MIDWIFERY BOARD OF AUSTRALIA

- Yes** **I have attended and completed at least six years of primary and secondary education taught and assessed in English in a recognised country, including at least two years between years 7 and 12.**
- No** **I declare that I have achieved an approved English Language test result and met the requirements for one of these specified tests:**

Recognized countries
<https://www.nursingmidwiferyboard.gov.au/registration-standards/english-language-skills.aspx>

IELTS (Academic) with minimum scores of: **7.0** overall, **7.0** in listening, reading and speaking and **6.5** in writing.

OET with a minimum score of **B** in listening, reading and speaking and a minimum score of **C+** in writing.

PTE Academic with minimum scores of: **66** overall, **66** in listening, reading and speaking and **56** in writing.

TOEFL iBT with a minimum total score of **94** and minimum scores of **24** Listening, **24** Reading, **24** Writing, **23** speaking.

2. DIPLOMA OF NURSING TWO-YEAR PATHWAY

Have you completed or are currently enrolled in the Diploma of Nursing (Enrolled) with an approved TAFE or Registered Training Organization?

Yes

No

If yes, provide AHPRA registration number:

Please provide a copy of your AHPRA registration certificate to accompany this declaration.

3. DECLARATION OF WORK EXPERIENCE GAINED UNDER NURSING & MIDWIFERY BOARD OF AUSTRALIA

Duration of Experience: **Start:**
(MON/YEAR)

End:
(MON/YEAR)

Organisation Name:

Organisation Contact Number:

Duration of Experience: Start:
(MON/YEAR)

End:
(MON/YEAR)

Organisation Name:

Organisation Contact Number:

4. INHERENT REQUIREMENTS

Vaccinations and Immunisation:

I acknowledge and accept that prior to clinical placement I will be required to provide evidence I meet WA Department of Health vaccination requirements.

I acknowledge and accept that I must provide evidence of immunisation to comply with Category A, Schedule one of Murdoch University's **Immunisation Policy**.

Certification, Checks and Clearances:

I acknowledge and accept that prior to attending each clinical placement I am required to have: a National Police Clearance, a Department of Health WA Criminal Screening Card, current CPR, Manual Handling and Hand Hygiene certificates issued by a certified training organisation, a current Medication Calculation Competency and a completed Risk Management Disclosure Form. A working with Children Card will be required prior to any clinical placement involving the care of children.

Additional:

I acknowledge and accept the additional [Inherent Requirements for the Bachelor of Nursing course](#).

I understand that registration as a nurse with the Australian Health Practitioner Regulation Agency (AHPRA) is dependent on successful application to the Nursing and Midwifery Board of Australia (NMBA) following the successful completion of my degree.

I understand I am required to have access to a smart device that is capable of using app-based software systems to undertake this course.
