The Certificate in Contemporary NZ Nursing Practice is a full-time, six week programme which offers you stimulating certificate Level 7 studies and provides a pathway to your professional qualification in nursing. The programme meets the Nursing Council of New Zealand’s competencies for overseas registered nurses to gain NZ registration and provides a refresher programme for NZ registered nurses who wish to return to practice.

Campus: EIT Hawke’s Bay
Starts: January, April, June, August
Contact: Sue Jackson Phone: 06 830 1521. Email: sjackson@eit.ac.nz
Feel good about your career choice

The Certificate in Contemporary NZ Nursing Practice programme enables graduates to achieve the Nursing Council competencies as defined by the Nursing Council of New Zealand by giving each student guidance and support while studying. In particular, the programme is designed to:

▶ Enable graduates to enter practice with a sound knowledge base of nursing theory, health studies, social sciences, biological sciences, research and professional practice skills.
▶ Balance theoretical and nursing practice experiences throughout the programme giving graduates the choice of a wide range of health care settings for practice experiences which comprise seventy percent of the programme.

Theoretical components of the programme will be delivered at the EIT, Hawke's Bay campus over a two week period.

Clinical components of the programme will take place at Hawke's Bay Hospital, Hastings, or other approved health care institutions over a four week period. There is no guarantee of a DHB placement. You are responsible for your own accommodation and transport while on clinical placement. Extra clinical time may be required depending on the student’s ability to achieve Nursing Council Competencies.

To complete the Certificate in Contemporary New Zealand Nursing Practice programme the student will be required to:

▶ Undertake full shifts possibly including weekends and nights, i.e. shifts between the hours of 0700 - 1530 hours or 1430 – 2300 hours or 2245 - 0715 hours. (These times may vary).
▶ Travel to EIT and clinical placements. Please Note: Any travel or accommodation expenses that are incurred will be the responsibility of the student.

The first practicum experience is scheduled to occur in week three of the programme, so students will be required to have purchased their uniforms prior to commencement of the programme. Further information about uniform requirements will be available after your acceptance onto the programme.

In this application pack you will find information about the programme, descriptions for each of the subjects covered, and fees and costs associated with this programme.

You are welcome to make an appointment to discuss your study options with our staff and to view our facilities.

If you require any further assistance or information at any time please do not hesitate to contact our staff.

YOUR FUTURE CAREER AND STUDY OPPORTUNITIES

Nursing is an essential part of health care. It is a professional practice. Today, nurses work independently, as well as in cooperation with others in a wide range of settings.

Possible jobs and career opportunities can include:

▶ Public and private hospitals
▶ Midwifery
▶ Plunket
▶ Independent practice
▶ Public health
▶ Nursing education
▶ Maternity
▶ Elder Health

Employment can be obtained both in New Zealand and overseas.

WHAT YOU NEED TO KNOW

Certificate in Contemporary NZ Nursing Practice

<table>
<thead>
<tr>
<th>Level</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 7</td>
<td>40</td>
</tr>
<tr>
<td>Length</td>
<td>Fee</td>
</tr>
<tr>
<td>Six weeks full-time</td>
<td>$2,293</td>
</tr>
</tbody>
</table>

This is a guide only based on previous years. All costs quoted include GST and student services levy. Fees apply to New Zealand Citizens and New Zealand permanent residents only

INDUSTRY-BASED TRAINING

Practicum experiences will be full shifts Monday – Sunday, which may involve shifts between the hours of 0700 - 1530 hours or 1430 – 2300 hours or 2245 - 0715 hours, minimum 17 shifts over four weeks. Practicum venues may vary and could include a regional hospital, elder care facility or private practice.
**TIMETABLE**
Your study time will be made up of contact time (class time, tutorials, industry-based learning) and non-contact time (your own individual study time, online learning).

**CONTACT TIME**
Classes are scheduled between 8.30am and 4.30pm, Monday through Friday. Practicum experiences will be full shifts Monday – Sunday, which may involve shifts between the hours of 0700 – 2153 hours, 1430 – 2300 hours or 2245 – 0715 hours.

The Certificate in Contemporary New Zealand Nursing Practice is six to eight weeks in length. The length of time depends on the ability to demonstrate adequate competency. The programme may be offered at different times in the year or cancelled if there are insufficient enrolments.

**NON-CONTACT TIME**
Students should plan to spend two hours for each classroom hour.

**ADDITIONAL COSTS**
The cost of transport is the responsibility of the student.

**ENTRY CRITERIA**
A personal interview may be part of the application process.

NZ Registered Nurse applicants must meet the following criteria:

- New Zealand Registered Nurses are required to provide evidence of Nursing Council of New Zealand registration, and an annual practice certificate.
- Overseas registration as a registered nurse or midwife, with documentation (specifically the “Decision Letter”) from the Nursing Council of New Zealand stipulating the requirement to complete a competency based integrated theory practice programme.
- Nursing Council of New Zealand requires a Police Clearance to be submitted prior to graduating from the programme.

Contact details are:
Nursing Council of New Zealand
PO Box 9644, Wellington, 6141, New Zealand
registration@nursingcouncil.org.nz

- A current curriculum vitae including details of education, qualifications, registration and career summary.
- Language requirements: IELTS 7.0 Academic in all bands, or Occupational English Test (OET) B pass in all areas (see details under English Language Entry Criteria).

**IMMUNOLOGICAL AND SEROLOGY REQUIREMENTS**
You are required to supply the following evidence of serology and immunity results:

- A Mantoux two step or Quantiferon Gold blood test.

**ENGLISH LANGUAGE ENTRY REQUIREMENT**
Applicants with English as a second language will be required to produce evidence of ability to speak, write and understand the English Language.

For the purposes of nursing registration / enrolment in New Zealand, evidence of an acceptable standard of competence in the English language requires certification from a bona fide education institute or language testing authority indicating that the applicant has achieved an acceptable standard of performance in the English language within the last two years.

**ACCEPTABLE ENGLISH LEVELS ARE:**
1. Certificate of a pass in courses recognised by the International English Language Testing System (IELTS) - Academic
   - Level 7 band for all applicants who are required to undertake a competency assessment either through an integrated theory and practice programme or through a District Health Board (DHB), i.e. a Level 7 (all in one sit) on all sections e.g. listening, reading, writing and speaking.
2. (Nursing Council – September 2005)
   - Occupational English Test (OET) B pass in all areas.
   - Entry to the programme is limited by the number of places available in the clinical practice area, and applicants will be accepted in the order in which their completed application is received.

**TRANSERS/CROSS CREDITS**
As this is an integrated competency assessment programme, transfer and cross-crediting between institutes is unlikely.

Please note: Fees are not transferable between institutes.

**FACILITIES**
The Clinical Arts and Technology (CAT) Centre is an interactive learning environment designed to facilitate, support and provide opportunities for students to develop, practice and refine their cognitive, technical and practicum skills. The centre is designed to act as a conduit to bridge the gap between theory and practice. Student skill development is facilitated with an emphasis on “hands on” practice.

The CAT Centre is comprised of six fully equipped, hospital-orientated, patient environments. A combination of technological aids such as Audio Visual (video/taping/recording facilities) equipment, mannequins, interactive CD ROM, self-directed learning modules and cue cards are available for the students’ use.

The CAT Centre is available to all students from the Faculty of Education, Humanities and Health Science.

The CAT Centre Co-ordinator is available to assist student learning at scheduled times.

**ASSESSMENTS**
Assessments include an exam, practicum demonstration of skills and a submission of a professional portfolio.

**THE EXPERIENCE YOU NEED & THE SUPPORT TO SUCCEED**
When you study at EIT you’ll get the kind of experiences that will help you gain the knowledge and skills to get ahead.

You’ll also be supported by lecturers and tutors who are here for you, within a learning environment where you are treated as an individual, not just a number. They’ll know your name and you’ll receive one-on-one attention to make sure you get the support to succeed.
HOW TO ENROL

STEP ONE
Complete the enrolment form that was included with this info pack and return with all required supporting documents.

Or apply online www.eit.ac.nz
Apply to StudyLink if applicable, even if you haven’t been accepted on to your programme yet. Visit www.studylink.govt.nz.

STEP TWO
You may be contacted and invited to an interview.

You will receive an acceptance letter with programme information including your start date. It may also include course selection forms. You need to complete and return them.

STEP THREE
You will receive an invoice with payment details. Arrangements for full payment of enrolment fees must be made before the start of your programme.

SCHOLARSHIPS AND GRANTS

Scholarships and grants make life easier by helping to cover your fees, other costs and living expenses while you study. You don’t always need to be an academic high-flyer to qualify.

EIT has a long list of scholarships for which you can apply. So if you would like to get financial help with your study, make sure you find out what’s available. You can also take a look online at the givME database available at EIT. It lists every scholarship and grant available in New Zealand.

STUDENT SERVICES LEVY

The Student Services Levy is a compulsory non-tuition fee that is charged to students enrolled at EIT. The levy is to contribute to the provision of quality student services that support learning. The funds received by EIT from the levy are ring-fenced, meaning they can only be spent on student services.

STUDENT LOANS AND ALLOWANCES

StudyLink is a service of the Ministry of Social Development. Apply well before your programme begins (even if you haven’t been accepted yet) so you’ll be ready to get your payments when you need them most. Check out studylink.govt.nz or phone 0800 88 99 00. A Student Allowance is a weekly payment to help you with living expenses. It doesn’t have to be paid back. A Student Loan is made up of three parts – compulsory fees, course-related costs and living costs. You have to pay these back.
## KEY DATES

### STREAM ONE

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme starts</td>
<td>Monday, 22 January</td>
<td></td>
</tr>
<tr>
<td>Programme ends</td>
<td>Friday, 2 March</td>
<td></td>
</tr>
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</table>

### STREAM TWO

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme starts</td>
<td>Monday, 16 April</td>
<td></td>
</tr>
<tr>
<td>Programme ends</td>
<td>Friday, 25 May</td>
<td></td>
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### STREAM THREE

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<tr>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme starts</td>
<td>Monday, 11 June</td>
<td></td>
</tr>
<tr>
<td>Programme ends</td>
<td>Friday, 20 July</td>
<td></td>
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### STREAM FOUR

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme starts</td>
<td>Monday, 27 August</td>
<td></td>
</tr>
<tr>
<td>Programme ends</td>
<td>Friday, 5 October</td>
<td></td>
</tr>
</tbody>
</table>

### STATUTORY & EIT HOLIDAYS

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easter</td>
<td>30 March-3 April</td>
<td></td>
</tr>
<tr>
<td>Semester One term break</td>
<td>16-27 April</td>
<td></td>
</tr>
<tr>
<td>Anzac Day</td>
<td>25 April</td>
<td></td>
</tr>
<tr>
<td>Queen's Birthday</td>
<td>4 June</td>
<td></td>
</tr>
<tr>
<td>Semester break</td>
<td>2-20 July</td>
<td></td>
</tr>
<tr>
<td>Semester Two term break</td>
<td>1-12 October</td>
<td></td>
</tr>
<tr>
<td>HB Anniversary</td>
<td>19 October</td>
<td></td>
</tr>
<tr>
<td>Labour Day</td>
<td>22 October</td>
<td></td>
</tr>
</tbody>
</table>
WORLD CLASS 'A' RATED TEACHING STAFF
The Tertiary Education Commission rates EIT as one of New Zealand’s top two institutes of technology and polytechnics for research. Our highly-qualified academics are leaders in their subjects, delivering the most up-to-date and relevant information to certificate, diploma, degree and postgraduate students. Attuned to ever-changing technologies, our tutors bring extensive work experience to teaching EIT’s certificate and other industry-tailored programmes.

<table>
<thead>
<tr>
<th>NAME</th>
<th>QUALIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Walter</td>
<td>RN, BN, MN</td>
</tr>
<tr>
<td>Programme Co-ordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>QUALIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caryn Williams</td>
<td>RN, BN</td>
</tr>
<tr>
<td>Nursing Lecturer</td>
<td></td>
</tr>
</tbody>
</table>

COURSE DESCRIPTIONS
NB: Courses are offered subject to sufficient numbers applying. In the following descriptions:
P = Pre-requisite - courses that must be successfully completed before the next course can be taken.
C = Co-requisite - courses which can be studied before or at the same time.

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>BRIEF DESCRIPTION</th>
<th>NO. OF CREDITS</th>
<th>NZQA LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCNP7.301</td>
<td>Contemporary NZ Nursing</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Designed for overseas Registered Nurses and New Zealand Registered Nurses who</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>have had an extended period away from clinical practice. This course explores</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>contemporary New Zealand nursing practice and is completed concurrently with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCNP7.380. Linking current nursing knowledge, trends in contemporary professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>practice and ethical legal issues, this course provides a theoretical and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>simulated practice approach to assist the registered nurse-student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>demonstrate competencies for registration as required by the Nursing Council of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Zealand.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P: Acceptance into the programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C: Is run concurrently with CCNP7.380</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| CCNP7.370   | Nursing Praxis                                                                   | 10             | 7           |
|            | This practicum course assists the overseas registered nurse, and New Zealand     |                |             |
|            | registered nurses who may not have been in recent professional practice, to      |                |             |
|            | develop competencies for contemporary New Zealand nursing practice. By           |                |             |
|            | completion of this course the registered nurse-student will demonstrate selected  |                |             |
|            | competencies for nursing practice as stated in Nursing Council of New Zealand    |                |             |
|            | domains of competencies for the registered nurse scope of practice (2005).       |                |             |
|            | C: Is run concurrently with CCNP7.301 and CCNP380                                |                |             |

| CCNP7.380   | Contemporary New Zealand Nursing 2                                               | 10             | 7           |
|            | This course is studied concurrently with CCNP7.301 to assist the overseas       |                |             |
|            | registered nurse, and New Zealand registered nurses who may not have been in    |                |             |
|            | recent professional practice, to develop competencies for contemporary New       |                |             |
|            | Zealand nursing practice. By completion of this course the registered nurse-student |                |             |
|            | will demonstrate selected competencies for nursing practice as stated in        |                |             |
|            | Nursing Council of New Zealand domains of competencies for the registered nurse  |                |             |
|            | scope of practice (2005).                                                       |                |             |
|            | C: Is run concurrently with CCNP7.301                                            |                |             |

| CCNP7.390   | Nursing Praxis II                                                                | 10             | 7           |
|            | This practicum course builds on CCNP7.370 to assist the overseas registered      |                |             |
|            | nurse, and New Zealand registered nurses who may not have been in recent         |                |             |
|            | professional practice, to develop competencies for contemporary New Zealand      |                |             |
|            | nursing practice. By completion of this course the registered nurse-student      |                |             |
|            | will demonstrate selected competencies for nursing practice as stated in        |                |             |
|            | Nursing Council of New Zealand domains of competencies for the registered nurse  |                |             |
|            | scope of practice (2005).                                                       |                |             |
|            | C: Is run concurrently with CCNP7.301 and CCNP380                                |                |             |
Certificate in Contemporary NZ Nursing Practice 2018
for New Zealand registered nurses and overseas registered nurses with New Zealand residency/citizenship

DOCUMENTATION / FORMS

Please Note
The following documents need to be completed and returned with your application/enrolment.
Without these documents we are unable to proceed with your application

- Brief Personal Statement including brief CV/Work History
- Police Vetting Service Form
- Applicant’s Declaration of Health Form
- Copy of Lab Results
- Proof of Nursing Council of NZ Registration
Certificate in Contemporary NZ Nursing Practice 2018
for New Zealand registered nurses and overseas registered nurses with New Zealand residency/citizenship

Brief Personal History

Applicant’s Name: ..........................................................................................................................

Are you a New Zealand Resident / Citizen?  Yes ☐  No ☐

Do you have a current NZ Annual Practising Certificate?  Yes ☐  No ☐

(Please enclose a witnessed copy of your Annual Practising Certificate with your application)

Nursing Registration was gained in which country? ...........................................................................

Special interest area of practice .............................................................................................................
E.g. Med/Surg, Community, Child Health, Maternal Health

Have you been enrolled in other competency assessment programmes? Yes ☐  No ☐

As part of this programme you may have practical experiences with agencies or organisations who may require you to obtain a police vet of your personal information for any criminal convictions, criminal history, and details of fines, enforcements or disciplinary action.

Have you ever had any of the above? Yes ☐  No ☐

If yes, please explain:

..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Please note: A prior conviction may not necessarily exclude you from acceptance into the programme, but we may need to discuss it with you.

Signature: ............................................................................................................................................ Date: ............................................................................
Name of Applicant to be vetted:

Name of Approved Agency submitting vetting request:
E70351 - EIT Hawkes Bay

**Section 1: Approved Agency to complete**

**APPLICANT’S ROLE – PURPOSE OF VET**

- Employee
- Contractor/consultant
- Volunteer
- Licence/Registration
- **☑ Other: Programme Placement Requirements**

Is this a renewal check?  
- Yes  
- **☒ No**

**Description of role / licence / registration (e.g. caregiver; cleaner; taxi driver; teacher; etc):**

Certificate in Contemporary NZ Nursing Practice

**Role location (e.g. home; office; school; etc):**

**Contact with vulnerable groups:**

- **☑ Contact with children/youth**  
- **☑ Contact with vulnerable adults (aged, disabled)**  

<table>
<thead>
<tr>
<th>Type of contact:</th>
<th>Supervised</th>
<th>Unsupervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of contact:</td>
<td>High</td>
<td>Occasional</td>
</tr>
</tbody>
</table>

**Application of clean slate:**

To enable NZ Police to assess whether an exception applies to the general effect of the clean slate scheme on an eligible individual under the Criminal Records (Clean Slate) Act 2004, I declare my belief as follows:

The role does not fit the criteria in section 19(3) of the Criminal Records (Clean Slate) Act  
- e.g. teacher, doctor/nurse, rest home carer, school janitor

[Section 16] – **Criminal convictions will not be released IF the applicant is eligible for clean slate.**

**OR**

The role fits the criteria of one or more of the exceptions in section 19(3) of the Criminal Records (Clean Slate) Act  
- e.g. it is a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person (e.g. caregiver, nanny/crièche worker, foster/homestay parent, applicant for adoption) [section 19(3)(e)].

[Section 19(2)] – **All criminal convictions will be released EVEN IF the applicant is eligible for clean slate.**

Section 1 continued: Approved Agency to complete

VIDENCE OF IDENTITY (ID)

- for further information, see http://www.dia.govt.nz/Resource-material-Evidence-of-Identity-Standard-Index

I confirm that the identity of the applicant has been checked by [A] or [B] as follows:

[A] I have

OR

[B] A Trusted Referee* has

sighted the ID documents below, and verified the photo against the applicant in person (mark box)

Primary ID document (e.g. passport, original birth certificate, etc)

and

Another form of ID (e.g. driver licence, firearms licence, 18+ card, Community Services Card, etc)

and

One of the above must be photographic – confirm comparison made

and, if applicable

Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)

[*a trusted referee must be over 16, have known the applicant for at least 12 months, and not be related, or a partner/spouse, or a co-resident of applicant, and be either registered with the Approved Agency or a person of standing in the community (e.g. registered professional, religious or community leader). The trusted referee must sign a copy of the photo ID and provide his or her name and contact details.]

Optional additional check by me (if appropriate)

A search of our records to verify uniqueness (especially for professional bodies)

CHECKLIST

In making this request, I confirm that:

[ ] I have complied and will comply with the Approved Agency Agreement (or existing Memorandum of Understanding) between NZ Police and the Approved Agency I represent; I

[ ] am satisfied as to the correctness of the Applicant’s identity; and

[ ] I have obtained the signed consent of the applicant, as set out in Section 2 of this form, to submit this vetting request.

Approved Agency Authorised Representative:

Name: ___________________________ Signature: ___________________________ Date: ___________________________
### PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

<table>
<thead>
<tr>
<th>Family name: (Primary)</th>
<th>First name(s): (Primary)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Date of birth: (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M)</td>
<td>(F)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of birth: (town/city/state)</th>
<th>Place of birth: (country)</th>
</tr>
</thead>
</table>

NZ Driver Licence number: (for ID verification by NZ Police – optional)

<table>
<thead>
<tr>
<th>Passport number: (if held)</th>
<th>Country of issue:</th>
</tr>
</thead>
</table>

If applicable, please include other names and mark them A, M, or P as appropriate:

- **(A)** alias or alternate name(s)
- **(M)** married name if not primary name
- **(P)** previous/maiden/name changed by deed poll or statutory declaration

<table>
<thead>
<tr>
<th>Family name: (A)</th>
<th>First name(s): (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M)</td>
<td>(P)</td>
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</table>

<table>
<thead>
<tr>
<th>Family name: (A)</th>
<th>First name(s): (A)</th>
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<td>(M)</td>
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<tr>
<th>Family name: (A)</th>
<th>First name(s): (A)</th>
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<tr>
<th>Family name: (A)</th>
<th>First name(s): (A)</th>
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<tbody>
<tr>
<td>(M)</td>
<td>(P)</td>
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</table>

Permanent New Zealand Residential Address

<table>
<thead>
<tr>
<th>Post Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Period of Residence:</th>
</tr>
</thead>
</table>
CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

- for further information, see http://www.police.govt.nz/advice/businesses-and-organisations/vetting

I acknowledge and understand as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demert reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.

2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am ‘eligible’ for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
   a) my criminal record of convictions will not be disclosed; but
   b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.

3. When releasing information to non-government Approved Agencies, Police may release the fact, without details, that suppressed information exists in relation to any conviction and, where NZ Police considers it relevant and justified, in relation to any current or past charge however it was resolved (e.g. withdrawn, discharged, acquitted).

4. Where NZ Police holds relevant information that it is unwilling to disclose to the Approved Agency for privacy, confidentiality or law enforcement reasons, NZ Police may recommend against unsupervised access to children or vulnerable persons (this is known as a ‘red stamp’).

5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.

6. I may withdraw this consent, prior to Police’s disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process.

7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993. By making a request to the ‘Approved Agency’ within 20 working days of submitting this ‘Request and Consent’ form.

8. No later than three months after the conclusion of the vetting process, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, in accordance with the Privacy Act 1993 or, if applicable, the Public Records Act 2005 or any other enactment.

9. The information I have provided in this form relates to me and is correct.

Authorisation

I authorise NZ Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Additional Authorisation [cross out or strike through this additional authorisation below if not applicable]

Where the Approved Agency requesting a vet is a NZ Police business group (e.g. vetting for contractors to NZ Police; workers at major security events)

I also authorise:

• NZ Police to disclose the information on this form to, and access information from, other government agencies; and

• NZ Police to disclose to my employer or other relevant agency its assessment regarding my suitability (only to the extent that I am approved or not approved as suitable, without reasons).

Signature of applicant: ___________________ Date: ___________________
Certificate in Contemporary NZ Nursing Practice 2018
for New Zealand registered nurses and overseas registered nurses with New Zealand residency/citizenship

Declaration of Health

Please complete all sections of this form including your signature, your immunisation and serology results and return with your application.

A declaration of an applicant’s past and present health is a requirement for entry into the Contemporary Certificate in New Zealand Nursing Practice programme. The information is required for the following reasons:

1. To ensure there are no health problems that could affect your safety or those for whom you are providing care.
2. To provide baseline data for future health care (including immunisations) while undertaking the Contemporary Certificate in New Zealand Nursing Practice programme.
3. If your personal information changes during the course of your study you must inform the practicum manager or programme co-ordinator.

This form and its contents will be treated as strictly confidential.

NOTE: Before being finally accepted, you may be required to have a medical examination or provide an attestation statement from an appropriate professional.

In event of a false declaration, EIT reserves the right to decline an application or remove a student from the programme.

Name: ..............................................................................................................................................................................................................................................
Date of Birth: ..............................................................................................................

Address: ..........................................................................................................................................................................................................................................................

Email: ....................................................................................................................................................................................................................................................
Phone: .................................................................................................................................................................................................................................

Section One

Have you consulted a doctor within the last five years for other than minor health conditions? If so please give details:
........................................................................................................................................................................................................
........................................................................................................................................................................................................

Have you any chronic/ongoing condition? e.g. heart disease, asthma, diabetes, epilepsy. If so please give details:
........................................................................................................................................................................................................
........................................................................................................................................................................................................

Are you on a surgical waiting list? If so please give details:
........................................................................................................................................................................................................
........................................................................................................................................................................................................

Are you taking any medications? If so please give details:
........................................................................................................................................................................................................
........................................................................................................................................................................................................
Section Two
Do you have or have you ever suffered from any of the following?
- Back or lower limb trouble that may affect your work performance
- Any physical disability that may affect your work performance
- Any mental or emotional illness
- Use and abuse of addictive substances, if so please give details:

Section three
Do you have any skin conditions or skin allergies e.g. eczema, psoriasis? If yes please give details:

Have you ever had health problems/allergic reactions related to any substance (including drugs/chemicals/beestings/latex etc.) e.g. skin rash, asthma, breathing difficulties? If so what was the name of the substance/drug/chemical?

What was the resulting health problem?

Do you have any health conditions that would prevent you from wearing personal protective equipment or clothing e.g. masks, gloves, closed shoes, safety glasses, lead apron, hearing protection? If yes please specify:

Section Four
Do you have any disability that may have an impact for you? If yes please specify

Learning e.g. dyslexia

Physical e.g. hearing/vision

Mental health e.g. depression

Other

Any relevant illness or injury not covered in the previous questions:
Section five
Pre enrolment screening requirements for Bachelor of Nursing students
Serology (Blood) results and Vaccinations

Please complete the table below – if unsure please tick appropriately

<table>
<thead>
<tr>
<th>Serology and Vaccination results</th>
<th>YES</th>
<th>NO</th>
<th>Please provide evidence of your completed results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis (Whooping cough) immunisation in the last five years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, mumps and rubella) (fully immunised i.e. two immunisations as a child)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella immune status if not immunised as a child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morbilli immune status if not immunised as a child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps immune status if not immunised as a child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox) immunisation or immunity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B antibody blood test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B antigen blood test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mantoux two step/Quantiferon Gold test/Completed Tuberculosis questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DECLARATION
I declare the above statements are true and complete to the best of my knowledge and belief.

Permission for release of information
Should any of the above medical conditions present possible concern I agree to the EIT Health Centre and if relevant, the Head of School/Practicum Manager School of Nursing, Faculty of Education, Humanities and Health Science approaching my doctor in strict confidence.

My doctor is .............................................................................................................. Phone..........................................................................................................

Signature............................................................................................................... Date:............................................................................................................
Certificate in Contemporary NZ Nursing Practice 2018
for New Zealand registered nurses and overseas registered nurses with New Zealand residency/citizenship

Immunisations and Serology Testing (NZ applicants)

You are required to have immunity and serology testing as part of the application process for acceptance into the programme.

You must supply the following evidence of serology and vaccination results:

- A blood test that gives results for Hepatitis B Surface Antigen and Surface Antibody within the last five years. You need this even if you have been immunised against Hepatitis B.

- Evidence of having received two vaccinations of MMR. If you are unable to supply evidence of two vaccinations of MMR you will need to provide evidence of your immunity to morbilli (measles) rubella and mumps.

- You must provide evidence of having had a Pertussis (whooping cough) vaccination within the last five years. If you cannot provide the evidence you will need a vaccination against Pertussis.

- You must provide evidence of having had immunity or a vaccination to Varicella (chicken pox). If you do not have evidence of having had Varicella. If you are reasonably certain you had Varicella as a child we recommend you having the blood test first prior to having the vaccine.

- You must complete the attached Tuberculosis questionnaire form.

If you have any concerns or questions with these requirements please do not hesitate to contact the programme secretary, Sue Jackson, phone 06 830 1521 or email sjackson@eit.ac.nz