# ACT Health

# Nursing & Midwifery

# Career Advancement

# Registered Nurse: Personal Classification Level 2

# Application Package

**(Revised November 2019)**

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**It is highly recommended that all applicants attend an information session, when available, on the ACT Health Career Advancement Process and discuss the role responsibilities with the CDN prior to submission of an application for Level 2.**

**Further Information**

Career Advancement Coordinator

Nursing & Midwifery Office

P: 51244978

E: [NMO@act.gov.au](mailto:NMO@act.gov.au)

**APPLICANT DETAILS**

**Please note:**

To be eligible to apply for a promotion to Personal Classification RN Level 2, applicants must be:

* an Australian citizen or permanent resident
* A permanent employee of ACT Health or Calvary Public Hospital, Bruce.

**Important:**

* All applications must be emailed to [NMO@act.gov.au](mailto:NMO@act.gov.au) from an ACT Health or Calvary email address. If you use a private email address the ACT Health email server may block it which will result in the NMO Office not receiving your application.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | | |
| Last Name |  | | |
| Address |  | | |
| Work Email Address | *All communication about your application including notice of interview date/time will be sent to this email address* | | |
| Contact Phone Numbers | W:  H:  M: | | |
| Current Ward/Unit/Division |  | | |
| Hospital/Health Service  *Please click & check the relevant box* | Canberra Health Services | |  |
| Calvary Public Hospital Bruce | |  |
| Name of CNC |  | | |
| Name of Manager |  | | |
| Current RN Position Number | *NOT your AGS Number- check with your manager if you are unsure* | | |
| Employment Status | Permanent Full Time | |  |
| Permanent Part Time | |  |
| Hours worked per week if P/T |  | | |
| Time in current position: | Years:  Months: | | |
| Are you an Australian citizen?  *Please click & check the relevant box* | Yes | No | |
| Are you a Permanent Resident of Australia?  *Please click & check the relevant box* | Yes    *Please include a copy of your*  *Visa Grant Notice* | No | |

## QUALIFICATIONS AND EXPERIENCE

## Mandatory

1. Unconditional registration as a Registered Nurse with the Nursing & Midwifery Board of Australia.

**My NMBA Registration number is**:

1. A Registered Nurse with a minimum of **three** **years** full-time equivalent post registration experience, including six months experience in the relevant field of practice.

[*The graduate transition year is not considered as postgraduate experience*]

**OR**

A Registered Nurse who holds a post-graduate award qualification, is eligible for remuneration with a qualification allowance, and holds with a minimum of 12 months full-time equivalent experience in the relevant field.

Please complete the table below to summarise your clinical practice experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Area/Ward | Date  Started | Date  Finished | Hours  per week  Worked | Time in  Position:  Years & Months | Amount of leave other than annual [Maternity, long service] |
| **Current Position** |  |  |  |  |  |  |
| Previous position |  |  |  |  |  |  |
| Previous position |  |  |  |  |  |  |
| Previous position |  |  |  |  |  |  |
| Previous position |  |  |  |  |  |  |

**Instructions:**

Use a new line if you change your hours in a position but remain in the same area. Add lines if necessary.

**APPLICANT’S RESPONSE TO THE SELECTION CRITERIA**

|  |  |
| --- | --- |
| APPLICANT’S NAME |  |
| Current Position & Designation |  |
| **Applicants are to respond to each selection criteria below in NO MORE THAN 250 WORDS** | |

## Selection Criteria: 250 words per criterion

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| --- |
| 1. Extensive demonstrated competence in providing direct nursing care for patients of varying complexity while working within professional legislation and existing policies and procedures. |
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| 1. Proven leadership ability. |
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| 1. Demonstrated ability to communicate effectively and appropriately (orally, non-verbally and in writing), in a diverse range of situations including negotiation and consultation using consistent & transparent processes. |
|  |

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| --- |
| 1. Supports education within the clinical area with evidence of a commitment to the fostering of a learning culture, through:    * Implementation of an individual professional development plan    * Active contribution to and participation in specialty area-specific education and training    * Facilitation of competency-based practice for students, and new or less experienced staff as outlined in the NMBA Registered Nurse Standards for Practice, the Code of Ethics for Nurses in Australia, and the Code of Conduct for Nurses in Australia. |
|  |

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| --- |
| 1. Support safe and evidence-based practice within the clinical area through:  * Participation in policy, protocol and procedure development * Promotion of and/or contribution to research as a source of current evidence-based practice in the specialty area. |
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| --- |
| 1. Demonstrated commitment to work, health and safety (WH&S) and the positive patient experience and display of behaviour consistent with:   Canberra Health Service Values:  We are Reliable  We are Progressive  We are Respectful  We are Kind  or   * Calvary values of Hospitality, Healing, Stewardship and Respect. |
|  |

# APPLICANT’S DECLARATION

|  |  |  |
| --- | --- | --- |
| ***As the applicant for career advancement to RN Level 2, I confirm that:*** | **Yes** | **No** |
| * I meet all selection criteria for advancement to RN Level 2 |  |  |
| * The information I have provided in this application is true and correct |  |  |
| * I have attended the information session on the ACT Health Level 2 Personal Classification Career Advancement Process |  |  |
| * I have discussed my application for Level 2 Personal Classification with my CDN |  |  |
| * I have attached all supporting documentation with my application including my CV and performance plan |  |  |
| * I have included two references including: * the reference from my CNC & the recommendation from my CNC & DON * the reference from my colleague |  |  |

|  |  |
| --- | --- |
| Applicants Name |  |
| *Signature* | [*an electronic signature is not acceptable*] |
| Date |  |

**CHECK LIST**

Prior to submitting your application please ensure you have included all the following documents:

|  |
| --- |
| 1. Cover letter to accompany your application addressed to:   Career Advancement Coordinator  Nursing and Midwifery Office  Level 3  2-6 Bowes Street  Phillip  ACT 2606 |
| 1. Completed Application Package: *Pages 1-5* |
| 1. Current Curriculum Vitae |
| 1. Current Performance Plan |
| 1. Two referee reports, including:  * Referee Report & Recommendation from CNC, including an endorsement by the DON * Referee Report from a colleague |
| 1. A copy of your Visa Grant Notice if you are a permanent resident of Australia |

**Please note:**

It is your responsibility to ensure all relevant information is provided to support the application and to assist the panel in making a decision.

Incomplete applications will not be accepted.

**Completed Applications**

Please forward your completed application and all attachments, via email to: [NMO@act.gov.au](mailto:NMO@act.gov.au)