

# Additional Requirements



Applicant's full name

Date of birth

Programme name

New Zealand Diploma in Enrolled Nursing

**You must complete this in addition to the Application form. Your application will not be processed until you have submitted the Application form and all additional documents.**

## Personal statement

Please outline why you have chosen nursing as a career and describe personal qualities and relevant aspects from your life experiences which will enhance your application. Please include information on hobbies, interest and involvement in community activities eg sports groups, church, etc. (Approximately 300 words). Please attach.

## English language requirements

Is English your first language?

Yes  No

If **NO**, you are required to provide with your application evidence of your English Language skills as below:

- IELTS 6.5 Academic (no lower than 6.5 in all subtests) OR New Zealand Certificate in English Language Level 5 (Academic)

## Health status

Have you, or has anyone in your family, had any physical or mental health problem which could affect your ability to meet the requirements of a demanding programme with a significant clinical component?

Yes  No

Are you now or have you ever received any treatment for a physical or mental health condition?

Yes  No

If YES, please state the problem and outline support/strategies needed.

I confirm that I can read and write unassisted in English (because of the requirements to independently and accurately read and write case notes and other documentation when in clinical practice).

Signature

Date

## Clinical placement experience out of Nelson

Clinical placements may be in the wider northern South Island region. You may be expected to spend a clinical placement out of Nelson and this will be for approximately four weeks. I understand that I can expect to have a clinical placement out of Nelson, during the New Zealand Diploma in Enrolled Nursing programme. I agree to this requirement.

Signature

Date

## Clinical placement confidentiality declaration

It is essential that all students respect workplace and all client's privacy and confidentiality. I agree that I will maintain and respect the privacy and confidentiality of my placement provider/s.

Signature

Date

## Life/work experience

Please provide an account of all experience – part time, full time and voluntary, including care of own children, or attach a CV.

Employer/place of work	Nature of work/responsibilities	Year and length of employment

## Convictions against the law

When students apply to sit the State Examination at the end of the New Zealand Diploma in Enrolled Nursing programme they are required to make a declaration about whether they have ever been convicted of any offence against the law. It is our policy to alert applicants to this requirement and to ask them to make a similar declaration when they first apply.

This information is sought so that potential problems regarding registration as a nurse and access to clinical experiences may be discussed with applicants before their application is processed. It may be used as part of the selection process. This will be discussed with you at an interview.

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct. If an applicant provides information that is provided to be false/misleading, the application/enrolment may be declined/withdrawn. When accepted onto the programme you will be asked to complete and return a NZ Police Vetting Request and Consent form before or at your orientation.

Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service, database and returned in confidence to the Head of Department or delegated authority.

Information on the Police Vetting Service is available from: [police.govt.nz/service/vetting](http://police.govt.nz/service/vetting)

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)? Yes  No

If YES, please give details.

## Declaration

I hereby declare that the information I have given above is true and correct; no information which could have a material bearing on my registration as a registered nurse has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961.

I agree to notify the Department of Health Practice if there is any change to my situation during the duration of the New Zealand Diploma in Enrolled Nursing programme.

Signature

Date

Please return this form to [enrolments@nmit.ac.nz](mailto:enrolments@nmit.ac.nz) or NMIT, 322 Hardy Street, Nelson - Attention Enrolments Team

## Privacy Act 2020

*This information and opinion provided in this report constitute 'personal information' in terms of the Privacy Act 2020. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under Information privacy principle 6 (IPP6) and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.*

Last Updated: 08 January 2025