

Diploma of Nursing (HLT54121)



Expression of Interest 2025

Please note:

This fillable form needs to be completed, digitally signed and returned to Sydney Education.

Part A: Applicant's Personal Details

Last name:			
Given name(s):			
Date of birth:			
Address:			
Phone number:		Email Address:	

You must be an Australian Citizen/Permanent Resident or New Zealand Citizen to be eligible to apply for this course

I declare that I am a:

Australian Citizen

Australian Permanent Resident

New Zealand Citizen

Are you of Aboriginal or Torres Strait Islander origin?

No, neither

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Prefer not to answer

Part B: Application Details

What is the highest level of education you have completed to date:

Degree or higher -please specify:

Diploma -please specify:

Certificate II or III -please specify:

Higher School Certificate

Other -please specify:

I have a minimum of 5 years high school education in English Yes No

Please provide an overview of your professional work experience.

Why have you applied to become an enrolled nurse?

If accepted into this course I agree to undertake:

Criminal Record Check	Yes	No
Immunisations and vaccination	Yes	No
Literacy and Numeracy Test	Yes	No

Applicant Declaration

Applicants Signature: _____ Date: _____

Please return this form to:

Sue Field

Phone: (02) 9562 5928

Mobile: 0459 895 916

Email: Sue.Field@health.nsw.gov.au

APPLICATIONS CLOSE: 20 November 2024

**SYDNEY
EDUCATION**