

11234NAT Graduate Diploma of Prevention and Management of Acute Behavioural Disturbance



Expression of Interest 2025

To be completed and signed by the applicant and the applicant's manager.
Management support and commitment throughout the duration of the program is essential.

Part A: Applicant's Personal Details

Surname:			
Given names:			
Position title:			
Department:			
Facility:			
Stafflink number:		Telephone:	
Length of service in current position:		Email address:	

Interest in the field of Prevention and Management of Acute Behavioural Disturbance

To gain entry to this qualification, candidates must meet all the following conditions:

1. Be employed within the health sector in a clinical role
2. Hold an undergraduate degree in a health-related field.

Please describe the health sector and clinical role you currently work in.

Please specify which undergraduate degree you hold in a health-related field.

Do you have more than 6 months experience working in a clinical setting with patients experiencing acute behavioural disturbances? Please describe your experience.

Are you currently enrolled in any other post graduate study? Yes No
(If 'yes' please document below)

Applicant Declaration

I have my mangers approval to attend mandatory training days that are stated in
program training guide, which will be supplied on enrolment or at earlier request.

Yes
No

Applicant's Signature: _____ Date: _____

Lead Governance of Behaviour Management Interventions Project Commitment:

As part of Graduate Diploma of Prevention and Management of Acute Behavioural Disturbance, participants will be required to lead one workplace quality improvement project that aims to improve the prevention and management of concerning behaviours within your workplace. You will be informed of the specific requirements after each session is delivered.

Participants must discuss their project ideas with their manager.

Some Units of Competency require the manager to sign off third party-reports.

Part B: Completed by Applicant's Line Manager

As the applicant's manager, I fully support his/her participation in this program and the requirements of the program. I understand this program will require me to:

Release the applicant to attend the workshops.

Provide ongoing support to the applicant for the duration of the program.

Provide support to the applicant while they undertake a Governance project(s).

Manager last name:	
Given name(s):	
Position title:	
Department:	
Facility:	
Telephone number:	
E-mail address:	

Manager's signature: _____ Date: _____

Please return this form to:

Alisha Goris

Address: Sydney Education, Rozelle Campus,
Building 301 Balmain Road
(Opposite Cecily St) Lilyfield NSW 2039.

Phone: (02) 9562 5945

Email: alisha.goris@health.nsw.gov.au

APPLICATIONS CLOSE: 18 June 2025

**SYDNEY
EDUCATION**