



University of
South Australia

Division of
Health Sciences

STATEMENT OF EMPLOYMENT
GRADUATE DIPLOMA IN MENTAL HEALTH NURSING
PROGRAM CODE: IGMG

Please Note: This form must be completed in addition to your online application and submitted **as soon as possible**.

Completed forms should be sent to:

Academic Officer: Credit & Admissions
Division of Health Sciences
University of South Australia
City East Campus
GPO Box 2471
Adelaide SA 5001
Telephone: +61 8 8302 1820

Fax applications:

Academic Officer: Credit & Admissions
Division of Health Sciences
University of South Australia
Fax Number: **+61 8 8302 1116**

Email: HSC-AcademicServices@unisa.edu.au

Applicant details

Family name			
Given names			
Date of birth	dd/mm/yyyy	Telephone number	
SATAC Application Number	XXXXXXXXXX		

If you are currently working within the Mental Health area, please indicate your place of employment.

Manager's Name:

Phone No.

Email:.....

Organisation:

Area of employment and mental health focus:

Declaration

I declare that the applicant is employed in the area of mental health nursing.

Signature		Date	
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