Remote Placements  
Charles Darwin University  
Bachelor of Nursing, 2017

**NAME:**  
CDU STUDENT EMAIL:  
STUDENT #:  
ADDRESS:  
PHONE:  
FAX:  
COURSE ENROLLED IN:  
YEAR LEVEL:  
UNIT NAME & NUMBER:  
SEMESTER  

**NOMINATE YOUR PREFERRED PLACEMENT**

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<th>Subject</th>
<th>Placement</th>
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<th>Nomination (✓)</th>
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**NUR346 Primary, Secondary or Tertiary (4 weeks)**

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March 2017
SELECTION CRITERIA

Describe your interest in Aboriginal Health, your adaptability to different and challenging clinical environments and what you understand a commitment to social accountability means.

If needed, please attach a separate page for this response.

1. PRE-CLINICAL REQUIREMENTS FOR THE NORTHERN TERRITORY
   - ☐ I have a ‘green light’ for all pre-clinical requirements for the CDU Bachelor of Nursing in the Northern Territory.
   - ☐ I have attached a certified copy of my Ochre Card or Ochre Card application receipt.

2. I HAVE ENROLLED IN THE RELEVANT UNIT FOR PLACEMENT
   - ☐ I declare that I am fit to practice and have disclosed any medical, emotional, physical or psychological issue that could affect my ability to undertake clinical practice.

3. FITNESS FOR PRACTICE DECLARATION
   - ☐ I declare that I am fit to practice and have disclosed any medical, emotional, physical or psychological issue that could affect my ability to undertake clinical practice.

4. DRIVER’S LICENCE
   - ☐ I have attached a copy of my current Driving license.

I declare that the information I have entered on this form is accurate and correct.

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Photographs of this application will not be accepted. Applications must be scanned and emailed.