## Master of Nurse Practitioner Applicant Proforma



Admission to the Master of Nurse Practitioner is competitive as places in the program are limited. Applicants will be ranked on the basis of academic qualifications, relevant work experience in their metaspecialisation and responses to the below questions.

Please ensure you answer *all* of the below questions, as your responses will be one of the criteria used to determine your suitability for the program.

Applicant Name:		
AHPRA Registration Number:		
Year of Initial AHPRA Registration as a Registered Nurse:		
Metaspecialisation:		
How do you intend to complete the Master of Nurse Practitioner?	Full Time	Part Time
Which State or Territory do you live in?		

## Qualifications

Please list the details of all completed postgraduate qualifications below:

Level of Qualification:	Name of Qualification:	Year of Completion:

## **Experience**

Please list your last five years of practice, year by year:

Year:	Role/Position:	Name of Employer/Institution Name:
2025		
2024		
2023		
2022		
2021		

<b>pervision</b> ase list the details of your Endorsed Nurse Practitioner (or equivalent senior nurse with a Masters Degree qualification) I Medical Practitioner supervisors:	Professional Practice Where do you intend to unde	rtake your integrated professional p	ractice (IPP) hours?	
AMPRA Registration Number: Position / Title:  The on Conflicts of Interest: Applicants should not have any Conflicts of Interests with their nominated supervisors and/or workplace support for Integrated Professional actice. Conflicts of Interest which must be declared include IPP sites owned by the applicant and clinical supervisors or referees being a spouse or family member.  Please summarise how you demonstrate advance practice in your metaspecialty. (Advance practice is defined by the NMBA)	lame of Facility/Institution:	Full Street Address:		
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