**Expression of interest for MCH Clinical Placement**

To qualify for entry into an MCH program in Victoria, you must be a **registered nurse and registered midwife** with at least one year (full-time equivalent) of work experience in each area.

Please refer to the Clinical Place Availability Table on the MAV website for instructions on how to contact different Local Government Areas (LGAs), which may be via phone, email, or direct application to their website.

Please apply to no more than three LGAs. If you accept an offer from an LGA, please advise the other LGAs you have applied for that you are no longer looking for a clinical place.

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| Qualifications | RN registration number -  RM registration number - | | |
| Experience | One-year full-time equivalent nursing experience  Yes  No  In Progress  One-year full-time equivalent midwifery experience  Yes  No  In Progress | | |
| First Name  Family name |  | | |
| Address |  | | |
| Email |  | Phone |  |
| Which Universities are you applying for? | Federation University (full time 30 days, part time 15 days per year)  La Trobe University (full time 30 days, part time 15 days per year)  RMIT University (full time 30 days, part time 3 days year 1, 27 days year 2) | | |
| Study mode | Full-time  Semester 1 entry  Part-time  Semester 2 entry | | |
| Clinical Placement  Availability | I am available to attend placement a minimum of 2 days/week  I am available to attend some placement in blocks  I understand I may have to travel outside my home municipality to secure placement | | |
| I permit the LGA and the universities to share information regarding my application for a clinical place. | | Signature  Date | |
| **Confirmation**  I confirm that the above information is true and correct.  I understand that the selection of applicants is at the discretion of the MCH service provider (LGA) and is subject to capacity.  I agree to notify the LGA and the universities within five working days to confirm acceptance of / or no longer requiring a clinical or university place. | | Signature  Date | |