

# Confirmation of Childrens Act safety check completion

Student Experience - Shared Services Division



## Student's details

Student ID

Name

Programme/paper  
(tick one)

Master of Advanced Nursing Practice (MAdvNP)

NURS 429/NUR434/NURS530

The following is to be completed by the practice that the student is working and studying at.

## Confirmation of completion of safety check

Name of practice

Date safety check completed

The following checks were completed as part of the safety check:

Police vetting

Identity check

Five year work history

Professional organisation check\*

N/A

Referee check

Interview

Vaccinations Current

## Declaration (to be completed by a senior staff member)

I confirm that that the practice named above has completed the full safety check for this student as required under the Children's Act.

Name

Title

Signature

Date