**2026 Austin Health Graduate Nurse Program**

**Personal Details Form**

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| **Stream for which you are applying:** |
| **Stream:** Choose an item. |

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| **Applicant Personal Details:** | |
| **First Name:** Click here to enter text. ­­­­ | **Surname:** Click here to enter text. ­­­­ |
| **Preferred Name:** Click here to enter text. ­­­­ | |
| **PMVC Number:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Address:** Click here to enter text. | |
| **Email** (please do not use your university email): Click here to enter text. | |

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| **University Details:** | |
| **University Attended:** Click here to enter text. | |
| **Campus:** Click here to enter text. | |
| **Year commenced** Choose an item. | **Year due to complete:** Choose an item.  **Month due to complete:** Choose an item. |

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| **Information about you** |
| **Statement one:** Can you please outline how the Graduate Nurse Program at Austin Health aligns with your career goals and future plans? *Maximum 250 words* |
| Click here to enter text. |
| **Statement two:** Can you please describe what you hope to achieve during your Graduate Nurse Program? *Maximum 250 words* |
| Click here to enter text. |
| **Statement three:** Can you please describe what makes you a good candidate for the Graduate Nurse Program at Austin Health? *Maximum 250 words* |
| Click here to enter text. |

***Please submit completed personal details form as an additional document in your application***