

COMPLETING THIS SURVEY

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- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes
- These questions are optional

Today's date: / /

(DD / MM / YYYY)

SECTION A: Your qualifications

1. Where did you obtain your initial qualification in nursing?

Mark one box only

- Australia *Go to question 3*
- New Zealand *Go to question 3*
- Other overseas *Specify country below, then go to the next question*

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2. Did you need to obtain any further qualifications or undertake an education program to gain registration in nursing in Australia?

- No
- Yes

SECTION B: Your employment

i For the following questions, working includes the practice of nursing, or work that is principally concerned with that discipline, e.g. research, administration or teaching of nursing, in which you:

- worked in Australia for a total of one hour or more LAST WEEK in a job or business (including own business) for pay, commission, payment in kind or profit;
- usually work, but were away from work on leave, on strike or locked out or rostered off.

3. LAST WEEK, were you working in nursing in Australia ?

Mark one box only

- Yes (including on leave for less than three months)
Go to question 7
- Yes (but currently on leave for three months or more)
Go to question 7
- No
Go to the next question

4. LAST WEEK, why were you not working in nursing in Australia?

Mark one box only

- Working in nursing overseas
Go to question 6
- Working, but not in nursing
Go to the next question
- Not working in paid employment at all
Go to question 6
- Retired from regular work
Go to question 19

5. LAST WEEK, what was your occupation?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. LAST WEEK, did you take active steps to look for work in nursing in Australia?

- i** Looking for work includes (either part-time or full-time):
- applying for work
 - enquiring about a job
 - answering an advertisement
 - registering with an employment agency
 - advertising for work
 - contacting people about a job.

- No *Go to question 19*
- Yes *Go to question 19*

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i For questions 7-12, if you were on leave last week, answer for a typical week. **Exclude** hours on call not worked.

7. LAST WEEK, how many hours did you work in nursing?

Clinical roles <i>(nurses, including managers and supervisors, involved in direct patient care)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours
Non-clinical roles <i>(including teacher, researcher, administrator or other)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours
Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours

8. LAST WEEK, in your clinical role, how many hours did you work in each sector in nursing?

Private <i>(including non-profit organisations)</i>	Public
<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours

i For questions 9-12, answer for the job in which you worked the most hours last week.

9. LAST WEEK, what was your principal role in your main job in nursing?

Mark one box only

- Clinician *(nurses, including managers and supervisors, involved in direct patient care)*
- Administrator *(incl. managers not involved in direct patient care)*
- Teacher or educator
- Researcher
- Other - *Please specify:*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. LAST WEEK, what was the principal area of your main job in nursing?

Mark one box only

- | | | |
|--|--|--|
| <input type="checkbox"/> Critical care | <input type="checkbox"/> Maternity care | <input type="checkbox"/> Drug and alcohol |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Neonatal care | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Mixed medical /surgical | <input type="checkbox"/> Child and family health | <input type="checkbox"/> Community nursing |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Practice nursing | <input type="checkbox"/> Health promotion |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Rehabilitation & disability | <input type="checkbox"/> Management |
| <input type="checkbox"/> Peri-operative | <input type="checkbox"/> Mental health | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Aged care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Research | <input type="checkbox"/> Other | |

11. LAST WEEK, what was the principal work setting of your main job in nursing?

- | | |
|---|--|
| <input type="checkbox"/> General Practitioner (GP) practice | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Locum private practice | <input type="checkbox"/> Commercial/business service |
| <input type="checkbox"/> Other private practice | <input type="checkbox"/> Tertiary educational facility |
| <input type="checkbox"/> Hospital <i>(excluding outpatient service)</i> | <input type="checkbox"/> School |
| <input type="checkbox"/> Outpatient service | <input type="checkbox"/> Other educational facility |
| <input type="checkbox"/> Community health care service | <input type="checkbox"/> Correctional service |
| <input type="checkbox"/> Residential health care facility | <input type="checkbox"/> Defence force |
| <input type="checkbox"/> Aboriginal health service | <input type="checkbox"/> Other government department or agency |
| | <input type="checkbox"/> Other |

12. LAST WEEK, where was the location of your main job in nursing?

For state and territory mark one box only

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> NT |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA | <input type="checkbox"/> ACT |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Other than the location reported in question 12, do you also work in a regional, rural or remote location?

No *Go to question 15*

Yes *Specify state, postcode and suburb below, then go to the next question*

i If you work in more than one additional regional, rural or remote location, provide the one in which you work the most hours.

For state and territory mark one box only

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> NT |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA | <input type="checkbox"/> ACT |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14. On average, how often do you work in this location?

Mark one box only, and report the frequency worked at this location

<input type="checkbox"/> Weekly	<input type="text"/> day(s) per week
<input type="checkbox"/> Fortnightly	<input type="text"/> <input type="text"/> days per fortnight
<input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> days per month
<input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> days per quarter
<input type="checkbox"/> Annually	<input type="text"/> <input type="text"/> <input type="text"/> days per year

15. In the last year, on average how many hours per week did you practice via tele-health in nursing?

The use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance

SECTION C: Workforce intentions

16. In total, how many years have you worked in nursing in Australia?

Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

whole years

17. How many more years do you intend to remain in the nursing workforce in Australia?

whole years

SECTION D: Your details

18. Are you of Aboriginal or Torres Strait Islander origin?

Mark one box only

- No
- Yes - Aboriginal
- Yes - Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

19. Are you a temporary resident?

No Thank you, no further questions.

Yes Specify your visa type below

- 309 - Partner (offshore)
- 402 - Training and Research
- 417 - Working Holiday
- 422 - Medical Practitioner
- 433 - Special Category
- 457 - Temporary Work (Skilled)
- 485 - Temporary Graduate
- 572 - Vocational Education and Training Sector
- 573 - Higher Education Sector
- 574 - Postgraduate Research Sector
- 820 - Partner (onshore)
- Other

Thank you, no further questions.

Please return this workforce survey to AHPRA in the same envelope as your renewal application

example only

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