

### COMPLETING THIS SURVEY

Information supplied on this form may be provided to other persons and agencies for workforce planning. The Nursing and Midwifery Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the *Privacy Act 1988* (Cth) when collecting, using, disclosing, securing and providing access to private information.

- 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

<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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#### 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 18

#### 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 18

Yes  Go to question 18





**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

**SECTION C: Workforce intentions**

**15. 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

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

whole years

**SECTION D: Your details**

**17. 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

**18. 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
- 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

OFFICE USE ONLY