

# 2025 Mid-Year Registered Nursing and Midwifery Graduate Program

## Application Portal Guide



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## Registered Nursing and Midwifery Graduate Program – 2025

This application portal will close on Sunday 04 August 2024 at 2359 (11:59PM). Please make sure you have completed and submitted your application before this time.

[Apply now](#)



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## 2025 Registered Nursing and Midwifery Graduate Program

Position status	Fixed Term Temporary
Position type	Full-time,Part-time
Occupational group	Health - Nursing
Classification	Nurse Grade 5
Workplace Location	Various locations across Queensland
Job ad reference	QLD/575004
Contact person	Angelina Zande-Wilkins
Contact details	NursingMidwifery-GraduateEnquiries@health.qld.gov.au

2025 - Graduate Registered Nursing and Midwifery  
No File Attached

[Apply for this job](#)



# Begin your life changing career with Queensland Health



## Login to apply

Click on the Register button if you do not have an existing Queensland Government Smart jobs and careers login. If you already have an account, login with your existing username and password.

### Login Details

Email Address:

Password:

[Forgotten your password?](#)

Login

Register

The account is a QLD Government Smart Jobs and Careers account. If you already have one for the email address you are using, then you cannot create another.

If you cannot remember the password, please use the 'Forgotten password?' function.

If you do not have an account, please register for one. The username needs to be a valid email address that you will continue to have access to (ie not a student email address)





# Begin your life changing career with Queensland Health



The top navigation links will take you to your QLD Smart Jobs and Careers account where you can access past applications, your details and profile. You **DO NOT** need to complete anything here.

Can we save you some time?



Pre-fill from your last application with us

No thanks, I'll start a blank application form

If you have completed applications before, you may receive this option. You can choose the option that suits you.



On the first page there is a privacy notice that explains why we collect personal information and how we use it. You must acknowledge this by selecting the check box at the bottom.

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## Begin your life changing career with Queensland Health

### Apply for 2025 Mid-Year - Registered Nurse and Midwife Graduate Program

\* denotes required fields.

Brisbane Inner City 13-Jan-2025 13:32 QLD/243286 No File Attached  
[Full Job Listing](#)

#### Queensland Health Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. Queensland Health is collecting personal information in accordance with the Information Privacy Act 2009 in order to meet its obligations to provide a safe workplace and is collected for and by Queensland Health and Hospital and Health Services (collectively, 'Queensland Health'). All personal information will be securely stored and only accessible by authorised Queensland Health staff. Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au).

I consent to the recruitment panel/ human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection management services. I consent to my prospective employer giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce and infection management planning and response. This may include line managers, infection control units and TB control units.

I certify I have read and understand the above Privacy Notice, Consent and Certification and further confirm the information documented within this application is true and correct.



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## Your details

\* Title:

Mr

\* First name - your first name on your Drivers License or Passport:

John

Preferred name:

Johnny S

\* Last name - the name on your Drivers License or Passport:

Sample

\* Date of Birth:

17-FEB-1994

\* Email address:

johnnys@gmail.com

\* Mobile phone number:

0410888222

Alternate contact number:

0418235789

### Home Address

\* Country:

Australia

\* Address 1:

78 Sample Street

\* Town / Suburb:

Brisbane

\* Postcode:

4000

\* State:

QLD

Please enter your legal first name and last name as they would appear on a passport or drivers' license.

You can enter a name that you preferred to be called here.



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Please select the most appropriate responses for your circumstances.

### About You

Are you or your partner sponsored by the Australian Defence Force:

Please Select

\* Are you currently employed by Queensland Health, or a HHS, in any role, ie an enrolled nurse or AIN?

Please Select

\* Are you eligible to work in Australia?

Please Select

\* Are you currently registered with AHPRA?

Please Select

\* Do you hold a valid Australian driver's license?

Please Select

\* What is your Unique Student Identifier (USI)?

If you are in Australia on a visa, additional fields will be displayed.

\* Are you eligible to work in Australia?

I hold a valid visa with permission to work

\* Passport Document Number:

\* Please select the VISA you hold from this list **NOTE: If your VISA is not listed in the drop down list, you may not be eligible to work in Australia.:**

I have a different VISA

If Other, name of other Visa type:

\* Visa end date:

If you are registered with AHPRA already, we'll ask you for your registration code.

If you do not have a unique student identifier, please enter 'NA'.



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## First Nations Peoples

\* Do you identify as an Aboriginal or Torres Strait Islander person?

\* Do you prefer to work on Country

## Diversity information

\* Do you identify as someone who comes from a non-English speaking background?

\* Gender:

\* Do you identify as a person with a disability?

\* Do you have any special requirements for interview? (e.g. wheelchair access or interpreter services)

\* Please tell us how we can help you

If you identify as an Aboriginal or Torres Strait Islander, you can also indicate if you would like to work 'on country'. If you select 'Yes', then a text box will appear and ask for the name of the location. This is a free text box.

If you select 'Yes', then a text box will be displayed, and you can let us know how we can help you.



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# Your Resume

We want to know about your qualifications, your clinical placements and working history including volunteer work.

## Your Qualifications

\* Your Principal midwifery or nursing qualification

\* Institute issuing award:

\* What is your GPA? (Or other grading)

\* Approximate course commencement date:

\* Qualification Name:

\* Other Institute:

\* Alternate GPA:

\* Approximate completion or expected completion date:

## Other Qualifications

Other relevant qualification:

Approximate completion or expected completion date:

+ Add more

Institute issuing the award:



\* Other relevant qualification 2:

\* Approximate completion or expected completion date:

+ Add more

\* Institute issuing the award:

All Australian qualifications are listed. If you studied overseas, you can select not listed and a free text box will display, and you can enter the name of your qualification.

All Australian institutions are listed. If you studied overseas, you can select I studied overseas, and a free text box will display where you can enter the institution name.

GPA and other known gradings are listed. If not, at the bottom of the list, is an 'other' option for an alternate GPA.

If you qualify after June 2025, you are ineligible for this round, you can apply in the next round in June-July 2025.

You can '+ Add more' qualifications. You can remove additional unused sections by clicking X.

## Clinical or Work-based Placements

For each clinical or work-based placement, please include the education year the placement aligns to; the clinical type of unit, ward or service; the host facility (hospital or organisation name); and the period of the placement (in weeks).

Please enter placements from the earliest study year (Year 1) to the latest study year (for example: Year 3).

### Placement 1

Placement year:

Facility:

Clinical unit, ward or service:

Placement Period:

### Placement 2

Placement year:

Facility:

Clinical unit, ward or service:

Placement Period:

### Placement 3

Placement year:

Facility:

Clinical unit, ward or service:

Placement Period:

### Placement 4

Placement year:

Facility:

Clinical unit, ward or service:

Placement Period:

Please select the educational year that your placement relates to. Please start from Year 1 and end with the final year.

The placement period is selected in weeks. Where you have been placed on a part time basis or less than one week, calculate the weeks (placement hours divided by 40). For example, 100 hours of clinical placement over 10 weeks is  $100/40=2.5$  (round up to 3). You would enter 3.

You can enter up to 15 clinical placements. If you have less than 15 clinical placements, leave the remainder empty. If you have had more than 15, you can enter a summary of the remaining placements after the 15<sup>th</sup> placement.



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### Your current or most recent work and/or volunteer history

Name of the organisation:

Type of work or volunteer experience:

What is the other work or volunteer experience?:

Commencement:

End (if not current):

+ Add more

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If the type of work or volunteering is not listed, you can select 'other' and then enter the type in the text box displayed.

You can add two more employment or volunteer history engagements. If you have more than three in total, you can summarise this in the text box after the third employment or volunteer history engagement.



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## Profession Preference

### Profession choice

If you are qualified as a midwife, you can select the specific profession option below. If you are applying for a registered nursing position, please select your clinical preferences below.

\* Please select the option that best describes your professional choice at this time

I would like to work as a nurse  
I would like to work as a nurse  
I would like to work as a midwife

\* What is your first clinical preference?

Cardiac

What is your third clinical preference?

Please Select

What is your fifth clinical preference?

Please Select

What is your ideal specific clinical preference?

\* What is your second clinical preference?

Cardiac

What is your fourth clinical preference?

Please Select

What is your sixth clinical preference?

Please Select

Please ensure that preferences are not duplicated.

If you are dual qualified, you must select a professional choice. Queensland Health does not have any dual profession graduate programs.

You cannot select duplicate preferences.

You must select two, but you can select all six.

In addition to clinical preference selection, you can use this free text box to enter your ideal specific clinical preference. For example, you could enter: 'ED at Ipswich'

If you select the midwifery profession, then you must select the midwifery model of care preferences, where preference 1, is the model of care you would most like to work in, and 3 is your lowest preference.

\* Please select the option that best describes your professional choice at this time

I would like to work as a midwife

### Midwifery Preferences

\* Midwifery Preference 1:

Please Select

\* Midwifery Preference 2:

Please Select

\* Midwifery Preference 3:

Please Select

\* Your first (1st) Hospital and Health Service Preference:

North West HHS



\* First facility preference:

Mornington Island Hospital



Third facility preference:

Please select



Second facility preference:

Please select

Your Second (2nd) Hospital and Health Service Preference:

Please select



Your Third (3rd) Hospital and Health Service Preference:

Please select



Your Fourth (4th) Hospital and Health Service Preference:

Please select



Your Fifth (5th) Hospital and Health Service Preference:

Please select



Your Sixth (6th) Hospital and Health Service Preference:

Please select



Once you select a workplace location, you must select at least one facility, but you can select up to three, where available.

## Work Location Preferences

There are three options that are possible when selecting workplace locations.

### Option 1:

If your first preference is a HHS in Group A, you are not required to provide any other preferences, but you can provide additional preferences (up to six in total).

### Option 2:

If your first preference is a HHS in Group B, you **MUST** provide a second preference. If your second preference is in Group A, you are not required to provide any other preferences, but you can provide additional preferences (up to six in total).

### Option 3:

If your first two HHS preferences are from Group B, you **MUST** provide a third preference, but you can provide additional HHS preferences (up to six in total).



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## Vaccine Preventable Disease Status

To help protect our patients, staff, and the wider community, we have specified vaccine preventable diseases. The requirement may vary by location and are subject to Queensland Health policy and Hospital and Health Service requirements. Please select your current status for each vaccine preventable disease.

### VPDs required for employment as a registered nurse or midwife

\* Measles, Mumps, Rubella (MMR):

Not yet commenced

\* Varicella (Chicken Pox):

I have evidence of blood test (serology)

\* Pertussis (Whooping Cough):

I have had a pertussis (dTpa) containir

\* Hepatitis B:

I have documented evidence of two d

### VPDs required in particular areas

\* Hepatitis A:

Not yet commenced

\* Japanese encephalitis:

Not yet commenced

Please select

Not yet commenced

Imojev - 1 dose within the past 5 years

Jespect 1 dose

Jespect 2 doses (28 days apart)

Co

When would you prefer to commence employment?

### Vaccine Preventable Diseases

In this section we require you to complete a self assessment of your status for six vaccine preventable diseases.

You are NOT required to upload any evidence. If you are successful, a HHS will require you to provide evidence of your status at a later point.

**NOTE:** Some vaccine preventable diseases are only required in particular areas.

If you are not aware of your status, please select "Not yet commenced".



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## Commencement

### When would you prefer to commence employment?

Please take into account:

1. The time it will take to receive AHPRA Registration
2. The time it may take to receive a VISA with rights to work in Australia
3. Any holiday or personal commitments

\* Preferred commencement month/year

03-FEB-2025



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Cancel

You must indicate your preferred commencement date, taking into account factors that may delay your commencement, such as registration with AHPRA or any holiday or travel plans that you may have.



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## Upload your Evidence

You **MUST** upload the following documents to support your application. Do not password protect these documents and please confirm you have uploaded all of the required documents by answering the following questions.

\* Attach Documents

Attach files

View files

Size limit: 2MB per file, PDF documents Only.  
Click on 'View files' to ensure that correct attachments are uploaded.

\* Upload your Cover Letter:

Yes

\* PDF Copy of your academic transcript (unofficial if not yet graduated):

Please Select

\* Referee Report 1 - Must be a clinical supervisor:

Please Select

Please Select

\* Yes manager, OR a volunteer

No

Yes

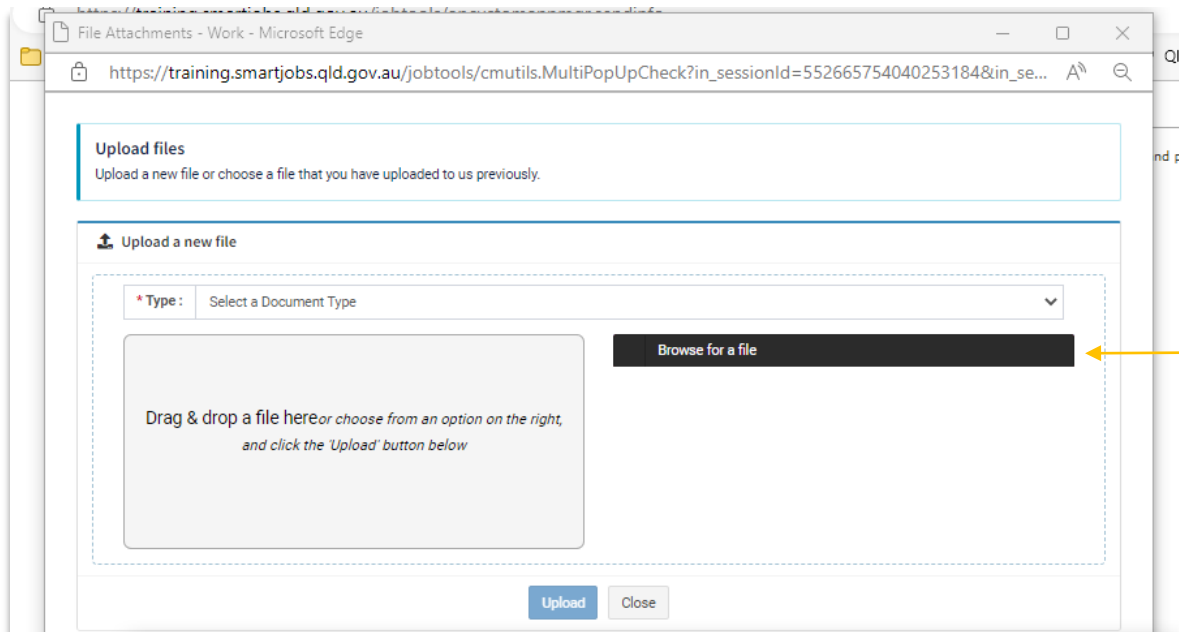
When you click 'Attach files' an upload files function will display.

Please see next pages for instructions.

You must select 'Yes' for each of the related questions. This is a reminder check for each document required.



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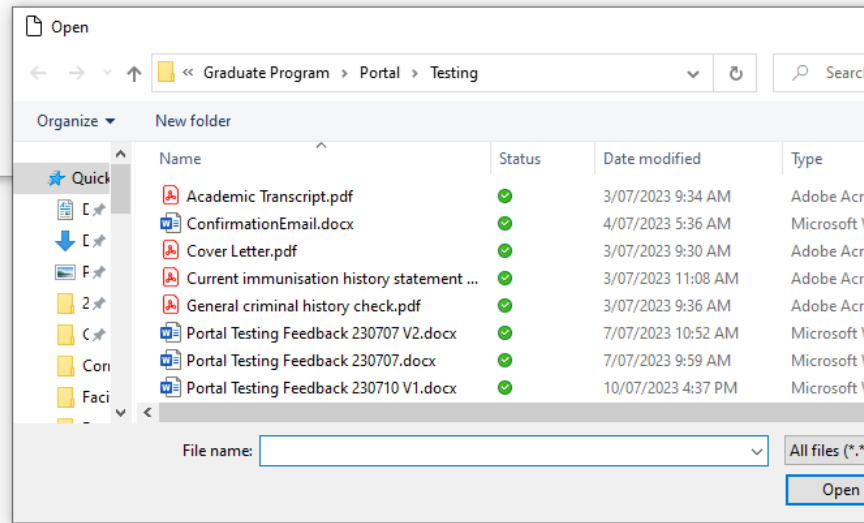
1. Click on browse for a file. Navigate to the file and select it.

You can only upload one file at a time.

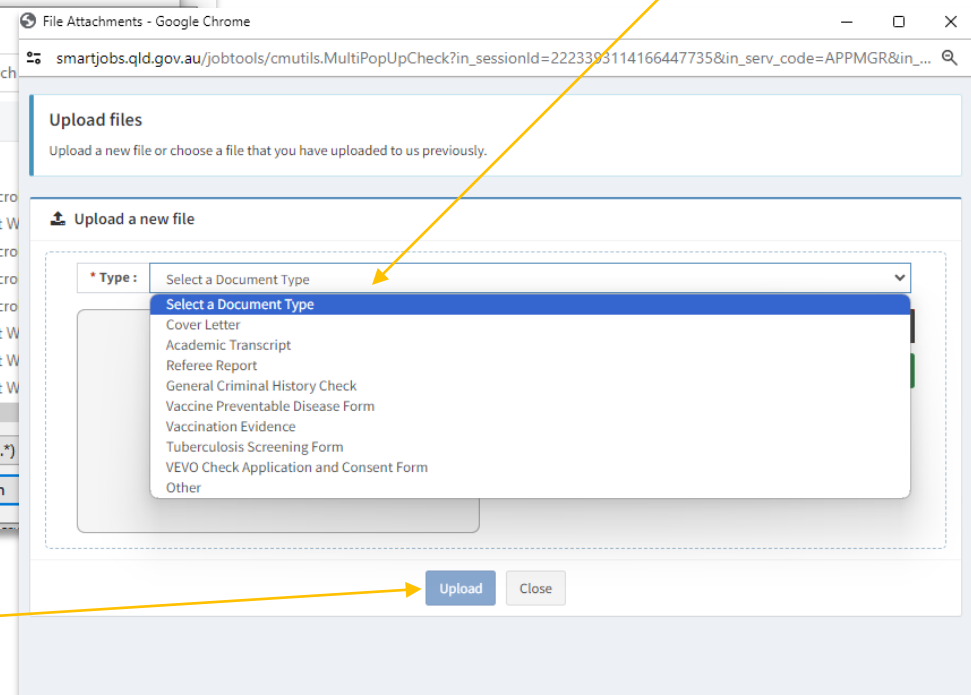
2. Select the type of file you are uploading.

**Note:** You are **NOT** required to upload:

1. A resume or CV
2. Any photo ID documents
3. Any immunisation history



3. Select upload and then repeat the process for other files, or select 'Close'



File Attachments - Google Chrome

smartjobs.qld.gov.au/jobtools/b\_fileupload.proc\_fileupload

1 file successfully uploaded.

Upload Another

### Attached files

Remove	File Name	Document Type	Last Updated	Updated By
<input type="checkbox"/>	Academic Transcript.pdf	Academic Transcript	30-Jun-2024	Colin Frick
<input type="checkbox"/>	Cover Letter.pdf	Cover Letter	30-Jun-2024	Colin Frick
<input type="checkbox"/>	Referee Report 1.pdf	Referee Report	30-Jun-2024	Colin Frick
<input type="checkbox"/>	Referee Report 2.pdf	Referee Report	30-Jun-2024	Colin Frick

Remove file Close

The uploader will list the files that you have uploaded.

You can choose to remove files or add files as needed. When complete, click "Close".

## Upload your Evidence

You **MUST** upload the following documents to support your application. Do not password protect these documents and please confirm you have uploaded all of the required documents by answering the following questions.

\* Attach Documents

Attach files

View files

Once your documents are uploaded, they will be listed here.

4 document(s) attached –

- Academic Transcript.pdf
- Cover Letter.pdf
- Referee Report 1.pdf
- Referee Report 2.pdf

Size limit: 2MB per file, PDF documents Only.

Click on 'View files' to ensure that correct attachments are uploaded.

\* Upload your Cover Letter:

Yes



\* PDF Copy of your academic transcript (unofficial if not yet graduated):

Yes



\* Referee Report 1 - Must be a clinical supervisor:

Yes



\* Referee Report 2 - Must be an employment line manager, OR a volunteer supervisor, OR a second clinical supervisor:

Yes



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## Declaration

By clicking 'Submit' and lodging this application you acknowledge and agree that:

- the personal information you have provided in this application is collected for and by Queensland Health and Hospital and Health Services (collectively, 'Queensland Health');
- the personal information you have provided may be used for the purposes of recruitment, selection and improving recruitment and selection processes
- if you are successful in obtaining employment through the recruitment and selection process, the personal information you have provided may be used in connection with your employment;
- Queensland Health may share the personal information you have provided including with its agents, other government agencies and contracted service providers for the purpose of recruitment, selection and improving recruitment and selection processes;
- personal information collected by Queensland Health in this application will not otherwise be disclosed without your consent, unless the disclosure is authorised or required by, or under law;
- you are not required by law to provide the requested personal information to Queensland Health, but if you do not provide some or all of the information required by the application, this may impact your prospects of being successful in the recruitment and selection process; and
- the information you have provided to Queensland Health is true and correct at the time of submission of this application.

Personal information collected by Queensland Health in this application will be securely stored and handled in accordance with the Information Privacy Act 2009 (Qld). For more information about how Queensland Health protects your personal information, or to learn about rights to access your own personal information, please see the [Privacy Statement](#) on our website.

Save

Previous

Submit

Cancel

You **MUST** 'Submit' your application if you want to complete your application.

Once submitted you will be able to see your application in your QLD Smart Jobs and Careers profile and you will receive a confirmation email.



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## Modifying Your Application

Once you have submitted your application, if you need/want to modify it, it cannot be modified once submitted. To modify your application, you will need to:

1. withdraw your application on the application portal, then
2. click into your withdrawn application and scroll to the bottom of the first page, then
3. click on 'delete' to remove your application, then
4. use the link on the Apply now link on the home page to access the application portal again, then
5. resubmit your application with the updated information.



# Thank you



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