

# Nursing & Midwifery Labour Force Census, 2006, Victoria

Along with the many other nurses and midwives who regularly respond to this survey, your cooperation in answering the following questions is needed because accurate information for workforce planning is so vital to your profession.

The data is being collected by the Victorian Department of Human Services. While the Nurses Board facilitates the distribution of this survey, it does not form part of your application for renewal of Registration.

The Australian Institute of Health and Welfare (AIHW) will amalgamate data from Victoria with that from all other States and Territories into a national data set to be used only for the purposes of national, state and regional planning.

The gathering of this data complies with the Privacy Act 1991.

The confidentiality of the information you provide will be carefully protected and no personal identifying information will be disclosed by the Department.

For further information contact the Department of Human Services on (03) 9616 7930.  
Previous Nurse labour force reports can be accessed at [www.aihw.gov.au](http://www.aihw.gov.au).

**Please return your completed form to the Nurses Board of Victoria, GPO Box 386D, Melbourne, Vic 3001**

**NOTE:** unless otherwise indicated, please use a black pen to answer the questions and place a cross inside the appropriate box , or print clearly where written answers are required

## About your registration

<p><b>1. Are you registered or enrolled as a nurse or midwife in more than one state or territory of Australia?</b></p> <p>Yes <input type="checkbox"/> (please specify which ones) → NSW <input type="checkbox"/> WA <input type="checkbox"/>            Vic <input type="checkbox"/> Tas <input type="checkbox"/>            Qld <input type="checkbox"/> NT <input type="checkbox"/>            SA <input type="checkbox"/> ACT <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><b>6. For how many years since you first registered/enrolled have you worked as a nurse or midwife?</b></p> <p>Number of years <input type="text"/></p> <p><i>(i.e. the number of years worked, either full-time or part-time since you first registered/enrolled, excluding time spent not working as a nurse/midwife on unpaid leave )</i></p> <p style="text-align: right;"><i>Answer to the nearest year.</i></p>
<p><b>2. Are you a nurse in</b></p> <p><i>Please mark all relevant boxes</i></p> <p>Division 1? <input type="checkbox"/>            Division 2? <input type="checkbox"/>            Division 3? <input type="checkbox"/>            Division 4? <input type="checkbox"/>            Division 5? <input type="checkbox"/></p>	<p><b>7. Sex</b></p> <p>Male <input type="checkbox"/>            Female <input type="checkbox"/></p>
<p><b>3. Are you registered/endorsed/authorised by your board to practise as</b></p> <p><i>Please mark all relevant boxes</i></p> <p>a midwife? <input type="checkbox"/>            a psychiatric/mental health nurse? <input type="checkbox"/>            a nurse practitioner? <input type="checkbox"/></p>	<p><b>8. Year of birth</b></p> <p><input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p>
<p><b>4. Where did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?</b></p> <p>Australia <input type="checkbox"/> (please specify state) → <input type="text"/></p> <p>Overseas <input type="checkbox"/> (please specify country)  <input type="text"/></p>	<p><b>9. Are you of Aboriginal or Torres Strait Islander origin?</b></p> <p><i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)</i></p> <p>No <input type="checkbox"/>            Yes, Aboriginal <input type="checkbox"/>            Yes, Torres Strait Islander <input type="checkbox"/></p>
<p><b>5. In what year did you first become a registered or enrolled nurse, or a 'direct-entry' midwife?</b></p> <p>In Australia <input type="text"/>            In Victoria <input type="text"/></p>	<p><b>10. Are you an Australian citizen?</b></p> <p><i>(Please mark one box only)</i></p> <p>Yes, Australian citizen <input type="checkbox"/>            No, permanent resident <input type="checkbox"/>            No, temporary resident <input type="checkbox"/></p> <p><b>11. What is the postcode and location of your usual residence?</b></p> <p>Postcode in Australia <input type="text"/></p> <p>Location in Australia (suburb/town)  <input type="text"/></p> <p>Country, if overseas  <input type="text"/></p>

# Your employment

12. **NOTE:** for the following questions, employed includes:

The practice of nursing/midwifery, or work that is principally concerned with those disciplines, eg research, administration or teaching of nursing/midwifery, 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 away from work on leave, on strike or locked out or rostered off.

13. **LAST WEEK** were you

Employed in nursing/midwifery? ...  → **Go to Q21**

Employed in nursing/midwifery but on leave for **less than 3 months**? ...  → **Go to Q20**

Employed in nursing/midwifery but on leave for **3 months or more**?...  → **Go to Q20**

Not employed in nursing/midwifery?...  → **Go to Q14**

14. **Last week** were you

Working, but not at all in nursing/midwifery?

Not working at all?

Overseas?

15. **In what year did you last work in nursing &/or midwifery?**

Last year in nursing

Last year in midwifery

Never worked in nursing

Never worked in midwifery

16. **LAST WEEK, did you take active steps to look for work in nursing or midwifery in Australia?**

(Active steps include: applying for work in nursing or midwifery, enquiring about a job, answering an advertisement, registering with an employment agency, advertising for work or contacting people in the profession about a job.)

No

No, because about to start working in nursing/midwifery

Yes, looked for full-time work

Yes, looked for part-time work

17. **Are you currently undertaking any post-registration or post-enrolment courses of study related to nursing or midwifery?**

**Include:** hospital-based certificates and tertiary qualifications in nurse management or clinical practice

**Exclude:** in-service/continuing education sessions, refresher and re-entry courses or courses of less than 6 months' duration

Yes  → **Go to Q18**

No  → **Go to Q19**

18. **In the space(s) below, please write the main field or subject of your current study** (not the name of the course)

(a maximum of 2 courses, please).

Main field/subject of course 1 currently being undertaken

Main field/subject of course 2 currently being undertaken

19. **Have you completed any post-registration/enrolment courses of study related to nursing or midwifery?**

**Include:** hospital-based certificates and tertiary qualifications in nurse management or clinical practice

**Exclude:** in-service/continuing education sessions, refresher or re-entry courses or courses of less than 6 months' duration

Yes   
No

→ **Go to Q35B**  
on the last page and  
complete **Column 3**

There are no more questions. Thank you for your time.

Please return this form to the address on the front of the form.

## Your nursing/midwifery job last week

20. **Please continue but answer all further questions only in respect of your usual job(s) in a typical week prior to your current leave, rather than 'LAST WEEK'.**

21. **In your job last week, did you work**

Only in Victoria?  → **Go to Q22**

Mainly in Vic, but also in another state(s)?  → **Go to Q22**  
Mainly in another state(s)?  } but answer only in respect of your work in Victoria

Only in another state(s)?

There are no more questions. Thank you for your time.

Please return this form to the address on the front of the form.

22. **Have you returned to work in the last 12 months, after a period of unpaid absence?**

Yes  (please specify length of absence)

→ Years  & Months

No

**If you had more than 1 job last week in nursing/midwifery, please answer for both:**

**your main job** (in which you worked the most hours) **and**

**your 2<sup>nd</sup> job** (in which you worked the next most hours) where indicated in the following questions.

23. **Select the category that best describes the principal place where you worked LAST WEEK**

(For each job, please select only one box from those which apply in Victoria)

**Main job**    **2<sup>nd</sup> job**

- |   |                          |       |                          |
|---|--------------------------|-------|--------------------------|
| Hospital ...  | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Psychiatric hospital/mental health facility ...         | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Outpatient clinic ...                                   | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Day procedure centre ...                                | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Residential aged care centre ..                         | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Hospice ...   | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Other residential care facility ...                     | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Community health centre ...                             | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Defence force facility ...                              | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Government department ...                               | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Doctors' rooms/medical practice ...                     | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| School ...  | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Commercial/industry/business ...                        | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| Tertiary institution ...                                | <input type="checkbox"/> | ..... | <input type="checkbox"/> |
| <i>(higher education/vocational education/training)</i> |                          |       |                          |
| Other (Please specify) ...                              | <input type="checkbox"/> | ..... | <input type="checkbox"/> |

**If you did not work in one principal place, mark the category that describes the 'home base' of your job.**

# Your nursing/midwifery job last week (cont.)

24. What was the postcode and location (suburb/town) of that place/home base of work?

Postcode	Main job	2 <sup>nd</sup> job
	<input type="text"/>	<input type="text"/>
Main job location (suburb/town)	<input type="text"/>	
2nd job location (suburb/town)	<input type="text"/>	

25. In which sector was that place /home base of work?

	Main job	2 <sup>nd</sup> job
Public .....	<input type="checkbox"/>	<input type="checkbox"/>
Private .....	<input type="checkbox"/>	<input type="checkbox"/>

26. Was your job

	Main job	2 <sup>nd</sup> job
Permanent? ...	<input type="checkbox"/>	<input type="checkbox"/>
Casual? ...	<input type="checkbox"/>	<input type="checkbox"/>
Fixed term or temporary contract? ...	<input type="checkbox"/>	<input type="checkbox"/>
Own business or other? ...	<input type="checkbox"/>	<input type="checkbox"/>

27. Were you employed through or paid by an employment agency for your nursing/midwifery job LAST WEEK?

	Main job	2 <sup>nd</sup> job
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

28. Which of the following best describes the type of care delivery in your job(s)?

	Main job	2 <sup>nd</sup> job
In-patient ...	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient .	<input type="checkbox"/>	<input type="checkbox"/>
Both in-patient & outpatient .	<input type="checkbox"/>	<input type="checkbox"/>
Residential ..	<input type="checkbox"/>	<input type="checkbox"/>
Community based ..	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability service ...	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health service .	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical ..	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical nursing ...	<input type="checkbox"/>	<input type="checkbox"/>

29. Select the category that best describes the classification or level of your job LAST WEEK

(Please tick only one box for each job)

	Main job	2 <sup>nd</sup> job
Division 2/enrolled nurse ..	<input type="checkbox"/>	<input type="checkbox"/>
Division 3 nurse ...	<input type="checkbox"/>	<input type="checkbox"/>
Division 4 nurse ...	<input type="checkbox"/>	<input type="checkbox"/>
Division 5 nurse ...	<input type="checkbox"/>	<input type="checkbox"/>
Division 1 nurse .. (specify below)		
Registered Nurse Grade 1 ...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 2 ...	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialist ...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 3 ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 4 ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 5 ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 6 (51-400 beds) ...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 6 (400+ beds) ...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 7 (up to 100 beds) ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 7 (101-500 beds) ...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Grade 7 (501+ beds) ...	<input type="checkbox"/>	<input type="checkbox"/>
Higher education or TAFE Lecturer ..	<input type="checkbox"/>	<input type="checkbox"/>
Professor/Academic ...	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) ...	<input type="checkbox"/>	<input type="checkbox"/>

30. Approximately how many hours did you work in your job(s) LAST WEEK?

NB: generally, a full-time position is around 35-40 hours per week depending on where you work

	Number of Hours	
	Main job	2 <sup>nd</sup> job
Please answer to the nearest <u>hour</u>		
Regular hours worked at regular pay (incl. 'time off in lieu' of regular hours)	<input type="text"/>	<input type="text"/>
Hours worked above contract hours, but at regular hours pay	<input type="text"/>	<input type="text"/>
Hours of paid overtime worked (incl. 'time off in lieu' of overtime hours)	<input type="text"/>	<input type="text"/>
Unpaid hours worked (extra hours)	<input type="text"/>	<input type="text"/>
<b>TOTAL number of HOURS</b>	<input type="text"/>	<input type="text"/>

31. Approximately how many hours did you spend LAST WEEK performing the following core roles?

	Number of Hours	
	Main job	2 <sup>nd</sup> job
<i>Include: paid and unpaid overtime</i>		
Clinical nursing (direct patient care)	<input type="text"/>	<input type="text"/>
Clinical management and or nurse/midwifery administration /management (incl. meetings)	<input type="text"/>	<input type="text"/>
Lecturing, nurse/midwifery education, clinical education and/or supervising/supporting students/new nurses/midwives	<input type="text"/>	<input type="text"/>
Research	<input type="text"/>	<input type="text"/>
Other nursing/midwifery related activity	<input type="text"/>	<input type="text"/>
<b>TOTAL HOURS</b> (should equal total hours in Q30 above)	<input type="text"/>	<input type="text"/>

## Post registration study

32. Are you currently undertaking any post-registration or post-enrolment courses of study relating to nursing or midwifery?

**Include:** hospital-based certificates and tertiary qualifications in nurse management or clinical practice

**Exclude:** in-service/continuing education sessions, refresher and re-entry courses or courses of less than 6 months' duration

Yes  → Go to Q33  
No  → Go to Q34

33. In the space(s) below, please write the main field or subject of your current study (not the name of the course)

(a maximum of 2 courses, please).

Main field/subject of course 1 currently being undertaken

Main field/subject of course 2 currently being undertaken

34. Have you completed any post-registration/enrolment courses of study relating to nursing or midwifery?

**Include:** hospital-based certificates and tertiary qualifications in nurse management or clinical practice

**Exclude:** in-service/continuing education sessions, refresher or re-entry courses or courses of less than 6 months' duration

Yes  please go to Q35A and Q35B on the next page for directions to record your 'area of practice' (columns 1 & 2) & your 'study field(s)' (column 3) → Go to Q35A & 35B

No  please go to Q35A on the next page for directions to record your 'area of practice' in your job(s) (columns 1 & 2). Ignore column 3 → Go to Q35A

# Your area of practice & your post-registration/enrolment study

**35A.** For the area of practice in your job(s), mark one principal area & one specialty area for each job. For 'Main job' mark column 1 next to the categories best describing your activity and, if applicable, mark column 2 for your '2<sup>nd</sup> job'.

**35B.** For study courses mark all subjects/fields studied (not the course name) in column 3 next to the categories best describing the principal & specialty study areas.

	Column 1 Main job	Column 2 2 <sup>nd</sup> job	Column 3 Study field
<b>Critical care/emergency</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Cardiac/Coronary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixed medical/surgical</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical nursing</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology/haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal medicine/nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medical nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Surgical nursing</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Burns & plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiothoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose & throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-intestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General surgical nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Perioperative</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perioperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Midwifery</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Antenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal & child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatology/neonatal nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aged care</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Continenence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerontology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rehabilitation-disability</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Adult mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child & adolescent mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-geriatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural and remote mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family &amp; child health</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, youth & child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility & assisted reproduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation and infant feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric & child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community health</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Asthma education & management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol & substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional facility nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes education & management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education/disease managem't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical practice nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural & remote health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transcultural nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/across more than one area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	Principal area <input type="checkbox"/> ← <input type="checkbox"/>	Specialty area <input type="checkbox"/> ← <input type="checkbox"/>	Principal field <input type="checkbox"/> ←
Nurse education (incl. clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology/laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one area of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your time. Please return this form to address on the front of the form.