

Nursing & Midwifery Labour Force Census, 2005, Western Australia

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 government health authority in your state. 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 Western Australia 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.

There are no identifying features on this form and your confidentiality is assured.

Queries regarding this census can be directed to the Dept of Health, Western Australia on (08) 9222 2148. Previous Nurse labour force reports can be accessed at www.aihw.gov.au.

Please return your completed form to the Department of Health, Reply paid 78561, Perth BC, WA, 6849

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>1. Are you registered or enrolled as a nurse or midwife in more than one state or territory of Australia?</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>6. For how many years since you first registered/enrolled have you worked as a nurse or midwife?</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 Answer to the nearest year.)</i></p>
<p>2. Are you</p> <p>Please mark all relevant boxes</p> <p>a registered nurse? <input type="checkbox"/> an enrolled nurse? <input type="checkbox"/> a mothercraft nurse? <input type="checkbox"/> a 'direct-entry' midwife? <input type="checkbox"/></p>	<p>7. Sex</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>3. Are you registered/endorsed/authorised by your board to practise as</p> <p>Please mark all relevant boxes</p> <p>a midwife? <input type="checkbox"/> a psychiatric/mental health nurse? <input type="checkbox"/> a nurse practitioner? <input type="checkbox"/></p>	<p>8. Year of birth</p> <p><input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p>
<p>4. Where did you receive your first nursing qualification (or, if a direct-entry midwife, your first midwifery qualification)?</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>9. Are you of Aboriginal or Torres Strait Islander origin?</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>5. In what year did you first become a registered or enrolled nurse, or a 'direct-entry' midwife?</p> <p>In Australia <input type="text"/> In Western Australia <input type="text"/></p>	<p>10. Are you an Australian citizen?</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>11. What is the postcode and location of your usual residence?</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/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 → **Go to Q35B**
 on the last page and complete **Column 3**

No

There are no more questions. Thank you for your time
 Please return this form to
 Department of Health,
 Reply paid 78561, Perth BC, WA, 6849

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 Western Australia?

Mainly in Western Australia, but also in another state(s)?

Mainly in another state(s)?

Only in another state(s)?

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 **2nd 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 Western Australia)

	Main job	2 nd 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 ... (higher education/vocational education/training)	<input type="checkbox"/>	<input type="checkbox"/>
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?

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

26. Was your job

	Main job	2nd 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	2nd 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	2nd 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	2nd job
Mothercraft Nurse ..	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled Nurse ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 1-9 .	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Level 2 ..	<input type="checkbox"/>	<input type="checkbox"/>
Community Nurse ..	<input type="checkbox"/>	<input type="checkbox"/>
Senior Registered Nurse Level 1-4 ..	<input type="checkbox"/>	<input type="checkbox"/>
Senior Registered Nurse Level 5-8 ..	<input type="checkbox"/>	<input type="checkbox"/>
Senior Registered Nurse Level 9-10 ..	<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"/>
Non-nursing award .	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)....	<input type="checkbox"/>	<input type="checkbox"/>

<input type="text"/>	↓
<input type="text"/>	↓

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	2nd job
Please answer to the nearest hour.		
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"/>
TOTAL number of HOURS	<input type="text"/>	<input type="text"/>

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

Include: paid and unpaid overtime

	Number of Hours	
	↓	↓
	Main job	2nd job
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"/>
TOTAL HOURS (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 '2nd 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 nd job	Column 3 Study field
Critical care/emergency	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Mixed medical/surgical	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Medical nursing	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Surgical nursing	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Perioperative	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Midwifery	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Aged care	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
Contenance	<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"/>
Rehabilitation-disability	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Mental Health	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Family & child health	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Community health	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>
Other	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal area <input type="checkbox"/> ← <input type="checkbox"/> →	Principal field <input type="checkbox"/> ←
	Specialty area ↓	Specialty area ↓	Specialty field ↓
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"/>