



# 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 → **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 the Nursing Board of Tasmania, 151 Davey ST, North Hobart, Tas, 7000

## 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 Tasmania?
- Mainly in Tasmania, 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 **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 Tasmania)

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

- Hospital ... ..
- Psychiatric hospital/mental health facility ... ..
- Outpatient clinic ... ..
- Day procedure centre ... ..
- Residential aged care centre ... ..
- Hospice ... ..
- Other residential care facility ... ..
- Community health centre ... ..
- Defence force facility ... ..
- Government department ... ..
- GP's practice ... ..
- Specialist's rooms/practice ... ..
- School ... ..
- Commercial/industry/business ... ..
- Tertiary institution ... ..  
(higher education/vocational education/training)
- Other (Please specify) ... ..

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?

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

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

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

26. Was your job

	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
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?

	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
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)?

	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
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)

	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
Mothercraft Nurse ..	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled Nurse...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 1 ..	<input type="checkbox"/>	<input type="checkbox"/>
Community FCH Nurse...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 2 ..	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialist ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 3/3A ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 4 ..	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 5 (grade 1-3)...	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse Level 5 (grade 4-6)...	<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 (Please specify)...	<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	
	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
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"/>
<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?

Include: paid and unpaid overtime

	Number of Hours	
	<b>Main job</b>	<b>2<sup>nd</sup> job</b>
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 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 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

## Critical care/emergency

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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"/>

Column 1  
Main job

Column 2  
2<sup>nd</sup> job

Column 3  
Study field

## Aged care

	Area of practice		Study field
	↓	↓	↓
Continence	<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

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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

	Area of practice		Study 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 management	<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

	Area of practice		Study 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"/>

Thank you very much for your time. Please return this form to the Nursing Board of Tasmania, 151 Davey ST, North Hobart, Tas, 7000