Bachelor of Nursing (Honours) supplementary form

Full Name: ____________________________________________

Email: _______________________________________________

Phone: _____________________________________________

Which university did you undertake your Bachelor of Nursing:
____________________________________________________

Year completed ________________________________________

Are you intending on studying full-time or part-time?

☐  Full time (1 year)

☐  Part time (2 years)

Have you discussed your research proposal with a potential supervisor from Sydney Nursing School?

☐  Yes

☐  No

If yes, please provide the name of the proposed supervisor.
Name: _______________________________________________

What area of practice would you like to work (or currently are working):
____________________________________________________

Research topic:
__________________________________________________

Thesis proposal: please provide a brief description (up to 250 words) of your intended Honours topic and methods and upload this form and your research proposal with your submission