

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 |
| \square 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**