



External Clinical Training Student information, check list, and application

STUDENT INFORMATION

The following nominated hours of Clinical Training can be completed externally for the following qualifications:

Qualification	Total hours A+B (see ratios below)	Maximum 'Type B' hours
Advanced Diploma of Western Herbal Medicine	48 hours	12 hours (= 6 hours credit)
Advanced Diploma of Homoeopathy	75 hours	19 hours (= 9.5 hours credit)
Advanced Diploma of Naturopathy	48 hours	12 hours (= 6 hours credit)
Advanced Diploma of Nutritional Medicine	37.5 hours	9.5 hours (= 4.75 hours credit)

RATIO OF HOURS CREDITED

'Type A' Case Observation and Dispensary Hours

External Clinical Training completed with an approved practitioner is credited at a ratio of 1:1 providing they involve primarily case observation and dispensary duties.

'Type B' General Practice Duties Hours

External training with an approved practitioner which predominantly involves general practice duties (e.g. reception, answering phone, booking appointments) will be credited at a ratio of 2:1, i.e. 2 hours of general practice duties equal 1 hour credited towards your external clinical training. Please refer to the above table for *maximum* Type B hours allowed.

Total of Type A and Type B Hours

The total external hours must be achieved according the requirements for each qualification including the calculation of ratios.

Example for Naturopathy students:

12 Type B hours = a credit of 6 hours (ratio 2:1)
PLUS
42 Type A hours = a credit of 42 hours (ratio 1:1)
TOTAL = 48hours credit.

Before commencing external clinic, you must have completed one Clinic Unit of Study (UOS) at The Nature Care Student Clinic.

Your final Clinic UOS must also be completed at the Nature Care Student Clinic for assessment purposes.

All sections of the application form must be completed in order for processing of you application to commence. Incomplete applications will not be considered. This application form is to be submitted to Student & Learning Services at least 6 weeks prior to the commencement of the UOS you wish to undertake externally AND at the time of your enrolment into the relevant UOS for the proceeding term.

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External clinic hours may not be credited until completed paperwork is submitted and the supervisor's report and activity/hours log have been assessed as satisfactory and signed off by the Head of Department.

External Clinical Training must be completed with a practitioner who fulfils the criteria below:

- ✓ has achieved a relevant recognised complementary medicine qualification equal to or higher than the training program a student is enrolled in.
- ✓ is a *professional* member of a recognised professional association specific to complementary medicine eg ATMS, NHAA, ANTA, AROH.
- ✓ has a minimum of five years experience as a complementary medicine clinician working in Australia.

Your nominated practitioner is required to complete sections of this application to verify these criteria.

If you wish to complete some of your Clinical Training externally, please submit a completed application form along with payment of fees to Student & Learning Services. External Clinical Training cannot be credited to your total requirement without prior written approval.

Payment: An application fee for External Clinic is calculated as 25% of the full clinic unit of study fee which is required upon enrolment. Please refer to the current timetable (available on Nature Care College's website www.naturecare.com.au) for full unit of study fees. No application fees are required for Nature Care College Bachelor students, unless a special admission test is required. Applicants should speak with Student & Learning Services if they have queries about application fees for their RPL application.

STUDENT CHECKLIST AND APPROVAL PROCESS

This checklist will take you through all the steps required to undertake and complete external clinical training. Please ensure you provide all the required paperwork to the Student & Learning Services so your external clinical training can be processed efficiently.

STEP 1. Initial Application for External Clinical Training

(please note, you MUST have completed your first term at The Nature Care Student Clinic before you can commence external clinical training)

- Complete section A of the 'External Clinical Training Application Form' (which is part of this document) by providing your student details and section B with your payment details to Student & Learning Services
- Ask your nominated practitioner to complete the Sections C and D of the 'External Clinical Training Application Form'
- Submit the completed application with your payment to Student & Learning Services

STEP 2 Approval of Practitioner

- (i) The Faculty or Department Head of your modality will review your application.
- (ii) Once the application has been approved, you will be advised via email and can commence your external clinical training.
- (iii) The email will include the following;
 1. External Clinical Training Guidelines
 2. A letter for your nominated practitioner confirming your External Clinical Training and tasks you will undertake.
 3. External Clinical Training Log to accurately document External Clinical Training.
 4. A report for the practitioner to complete once you have finished your External Clinical Training.

STEP 3 – Undertaking External Clinical Training with a Practitioner

- Arrange times with your chosen practitioner (this is your responsibility).
- Ensure you take the External Clinical Training Log to each session you have and personally complete the Duties, Description of Duties and Actual Hours sections for each session.
- Ensure the practitioner signs each session you complete.

STEP 4 – Submitting External Clinical Training

(please note, you must complete and submit External Clinical Training Log and Practitioner Report before commencing your final term at the Nature Care Student Clinic)

- Once you have completed your External Clinical Training, ask your practitioner to fill in the External Clinical Training Report and collect it from them.
- Submit the completed External Clinical Training Report and all External Clinical Training Logs to Student & Learning Services.

**Please note that whilst we acknowledge the value of external hours,
you will need to pay special attention to achieving your case
requirements as no case allocation is made to external clinic hours.**

External Clinical Training Application Form

A. STUDENT DETAILS		
Name:	Student Number:	
Name of Qualification:		
Name of Clinic Unit of Study and Course Code:		
Calculation of application fee:	25% of \$	= \$
Date:	Received by:	

B. PAYMENT
<p>I wish to pay by:</p> <p> <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/> Money order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </p> <p>Card Number: _____ / _____ / _____ / _____</p> <p>Expiry Date: _____ Amount: _____</p> <p>Cardholder's Name: (print) _____</p> <p>Cardholder's Signature: _____</p>

C. PRACTITIONER DETAILS
Name:
Contact phone numbers:
Email:
Website:
Clinic / Business Name:
Address:
Number of years in professional practice:

Qualification	Year of Completion	Institution
Professional Association	Member number	Membership status
Professional Indemnity		
Is your professional indemnity insurance current?		Yes / No
Name of insurer:		
Policy number:		

Please provide a brief overview of your practice including modalities, equipment used (iris camera etc), and any areas of specialisation.

Dispensary

Do you have a fully stocked dispensary? Yes / No

Brief outline of your dispensary:

Please specify the duties the student will be undertaking (tick appropriate boxes):

- Observing Consultations
- Making up Herbal prescriptions
- Making up Homeopathic prescriptions
- Dispensing supplements
- Other dispensary duties: _____

Please describe any other duties the student may be undertaking:

D. PRACTITIONER DECLARATION

I hereby confirm that the information provided by me in this application is true and correct.

Practitioner Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

E. HOF APPROVAL

This application to undertake external clinic training has been approved by the HOF:

Department: _____

Name: _____

Signature: _____ Date: _____

This form is also available on the NCC Website Home page – Student Centre/Forms