

# DANIYA SABU

Assistant in Nursing  
0415796776 | [daniya.sabu@gmail.com](mailto:daniya.sabu@gmail.com)

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I want to improve my nursing and teamwork skills to become a competent registered nurse in the future. Additionally, I want to grow more comfortable when interacting with patients in a caregiving capacity.

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## EXPERIENCE

### STUDENT NURSE

2023

- Completed 80 hrs. placement in hospitals and aged care settings.
  - Completed one week placement in Wahroonga house aged care.
  - Completed one week placement Sydney Adventist Hospital Wahroonga (neurology ward)
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## EDUCATION

### BACHELOR OF NURSING

Avondale University

2023- Current

(2 year student)

- I am a dedicated student nurse currently enrolled at Avondale University in Sydney. With one year of experience studying in this esteemed institution, I feel well-equipped to take on any challenge that comes my way in the field of nursing.

### SECONDARY EDUCATION

Father Agnel school, India

- Senior secondary in Australia
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## SKILLS

Fluent in four languages

1. English
  2. Hindi
  3. Malayalam
  4. German
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## REFERAL

- Bobin Jose RN/CNS  
[Bobin.jose@health.nsw.gov.au](mailto:Bobin.jose@health.nsw.gov.au) | 0432117789
  - Parisa Nazarpour  
[Parisa.Nazarpour@avondale.edu.au](mailto:Parisa.Nazarpour@avondale.edu.au) | 0402553975
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**Student Name:** Miss Daniya Sabu

**Course(s) Completed:**

**Date Completed:**

**Award(s) Conferred:**

**Date Conferred:**

**Course:** 4030 - Bachelor of Nursing  
Course requirements not completed  
PROGRESSION STATUS: IN GOOD STANDING  
Grade Point Average (GPA): 5.250  
Weighted Average Mark (WAM): 69.500

**Units of Study:**

Year	Unit Code	Description	Credit Points Achieved	Teaching Period	Mark	Grade
2024	NURS22201	Evidence Based Nursing	0	N3	--	--
	NURS22203	Nursing Practice 3	0	N3	--	--
	NURS22205	Nursing the Older Person	0	N3	--	--
	NURS22207	Mental Health Nursing Practice	0	N3	--	--
2023	NURS11101	Nursing Practice 1	6	S1	71	C*
	NURS11103	Nursing Foundations	6	S1	55	P
	NURS11105	Aboriginal and Torres Strait Islander Health	6	S1	79	D
	NUSC11107	Applied Nursing Science 1	6	S1	65	C
	NURS11102	Nursing Practice 2	6	N2	66	C
	NURS11104	Spiritual and Cultural Care in Nursing	6	N2	79	D
	NURS11106	Mental Health Nursing Foundations	6	N2	72	C*
	NUSC11108	Applied Nursing Science 2	6	N2	69	C

RESULTS PRINTED BELOW THIS POINT INVALID

The secure original version of this document resides online at [www.myequal.s.net](http://www.myequal.s.net) where its authenticity can be verified.

A printed Transcript of Academic Record, which bears a signature on grey Avondale security paper, is issued without alteration or erasure. The microprinting security line which reads "Avondale" is incorporated into the full page. When photocopied, the word "COPY" appears multiple times across the face of the document.

Completed courses are listed first, in reverse chronological order. Uncompleted course enrolments are listed in reverse order of course commencement. Discontinued course enrolments are listed last in reverse chronological order.

See reverse page/appendix for details of the grading schema and other codes used in this document.

  
**Authorised Certifying Officer**  
**Laurel Raethel**  
DIRECTOR  
STUDENT ADMINISTRATION SERVICES

# Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions overleaf

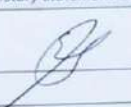
Surname	SABU	Given names	DANIYA
Address			
State:	P/code:	Date of Birth	
Email	Staff/student ID No.		
Contact numbers	(mobile)	(home)	(work)

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (not Ph dTpa vaccine)</b>			
Dose 1	8.3.23	DT372A	Dr Ziad Pashka Provider No: 4237609BY 8B Station St, Thornleigh NSW 2120 Ph: 02 9980 8045 Fax: 02 9980 2907
Booster 10 years after previous dose			
<b>Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody <math>\geq 10</math> mIU/mL OR core antibody positive)</b>			
Dose 1	17/03/23		Dr Ekhtas Nasser Provider No: 296010BW 8B Station St, Thornleigh NSW 2120 Ph: 02 9980 8045 Fax: 02 9980 2907
Dose 2	24/3/23		
Dose 3	18/04/23	AH BV DSO AN	
<b>AND</b>			
Serology: anti-HBs	15/07/23	Result 551 mIU/mL	detected
OR		Result mIU/mL	
Serology: anti-HBc		Positive	Negative
<b>Influenza vaccine (strongly recommended for all health care workers &amp; mandatory for Category A High Risk health care workers)</b>			
<b>Measles, Mumps and Rubella (MMR) vaccine</b> (2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)			
Dose 1			
Dose 2			
<b>OR</b>			
Serology Measles	08/03/23	IgG Result detected	17/3/23
Serology Mumps	08/03/23	IgG Result detected	17/3/23
Serology Rubella	08/03/23	IgG Result 4.2 LU/ml	17/3/23
<b>Varicella vaccine (age appropriate course of vaccination OR positive serology)</b>			
Dose 1	17/3/23	Varilrix	17/3/23
Dose 2	26/06/23	Varilrix	26/06/23
OR Serology Varicella		IgG Result	
<b>TB Screening</b>			
Requires TB screening?	YES	NO (please circle)	
History of BCG vaccination	YES	NO (please circle)	
<b>TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only</b>			
IGRA	08/03/23	Positive	Indeterminate Negative
<b>OR</b>			
TST injection			
Reading		Induration	mm
TST injection if 2 step required			
Reading		Induration	mm
<b>Other TB investigations (including chest X ray)</b>			



Personal Details (please print)

Surname	Saby	Given name:	Daniya
Date of Birth	27/12/2003	Staff/student ID	
Contact	Mobile:	Work:	

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/ practice stamp, full name and signature next to each entry)
<b>Varicella vaccine</b> (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years	17/8/23 Varigex A70CD692A	 11/08/23
Dose 2		26/04/23 " " "	
Booster if required			
OR			
Serology Varicella		IgG Result	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ekhtas Nasser  
Practitioner No. 29601087  
100/100 St. Hornsby NSW 2120  
Ph: 9901 0045 Fax: 9980 2907

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
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<b>Influenza vaccine</b> (strongly recommended for all workers & mandatory for Category A workers and students)			

TB Screening	Date	Batch No. or Result	Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)
Requires TB screening?	27/3/23	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. Whyte (CNS) CHEST CLINIC HORNSBY HOSPITAL HORNSBY NSW 2077
Past vaccination BCG		<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Interferon Gamma Release Assay (IGRA) (circle test result)</b>			
IGRA	27/3/23	<u>Positive</u> Indeterminate Negative	2. Whyte (CNS) CHEST CLINIC HORNSBY HOSPITAL HORNSBY NSW 2077
IGRA		Positive Indeterminate Negative	

<b>Tuberculin Skin Test (TST) - TB Service/Chest Clinic only</b>			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?	27/3/23	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CHEST CLINIC HORNSBY HOSPITAL HORNSBY NSW 2077

<b>TB Clinical Review</b>			
Chest X-ray	24/3/2023	NORMAL	DR A MCLEAN 5/4/2023 CHEST CLINIC HORNSBY HOSPITAL HORNSBY NSW 2077
Other			

<b>TB Compliance - TB Service/Chest Clinic or OASV Assessor (circle correct response)</b>			
TB Compliance Assessment	5/4/23	<u>Compliant</u> Temporary Compliance Non-compliant	2. Whyte (CNS) CHEST CLINIC HORNSBY HOSPITAL HORNSBY NSW 2077
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	