

Please complete this Placement Confirmation Form to verify that there are no changes to the original SIPP form submitted during the admission process.

As part of placement compliance, all sections of this form must be completed and signed by the DoN/line manager, supervisors and student. The signatures confirm that the DoN/line manager and supervisors continue to support you in carrying out your SIPP placement.

No changes to placement venue or supervisors are permitted once a placement topic commences (Applies to both topics NURS9027 & NURS9029). Any changes to venue or supervision after the placement topics start will result in withdrawal from the topic due to non-compliance with placement requirements.

DO not complete this form if you are making changes to your placement venue or supervisor(s)

If you need to change your placement venue or supervisor(s), you must:

- a) notify CNHS Placements via email cnhs.placements@flinders.edu.au
- b) and supply CNHS Placements with a [Change Form](#) at least **four (4) weeks** before the placement topic start date
- c) complete requirements 1 and 2 four **(4) weeks** before the start of the placement topics (NURS9027/NURS9029)

1. Student Details

Flinders Student ID:		Title: (Mr, Mrs, Ms, Dr)	
Given Name:		Family Name:	
Home Telephone Number:	()	Mobile Number:	
Email Address:			

2. Declaration

Where is your current place of employment?		
What is your nursing specialty area?		
Will you be undertaking your Supernumerary Integrated Professional Practice Placement at your current place of employment?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Since being admitted into the course have you changed your placement venue, or advanced practice role	<input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES" please complete a new SIPP form and email completed form to cnhs.placements@flinders.edu.au
Since being admitted into the course have you changed your supervisors	<input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES" please complete a Change of Supervisor form and email completed form to cnhs.placements@flinders.edu.au

3. Employer/Clinical Venue Support

Venue 1: To be completed by Director of Nursing (if in public venue) or Line Manager/Direct Supervisor (if in private venue). Signing this form confirms that the student will be supported for the duration of the placement topic to complete their placement at this venue.

Placement Area/ Region/Team of Employment:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DoN's/Line Manager's Title and Full Name:			
DoN's/Line Manager's email:			
DoN's/Line Manager's Phone Number: (include area code)	()	DoN's /Line Manager Role:	
Topics for which supernumerary integrated professional practice will be facilitated by the venue:	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Director of Nursing or Line Manager Signature:			Date:

Venue 2: To be completed by Director of Nursing (if in public venue) or Line Manager/Direct Supervisor (if in private venue). Signing this form confirms that the student will be supported for the duration of the placement topic to complete their placement at this venue.

Placement Area/ Region/Team of Employment:			
Organisation's Name in full:			
Applicant is employed at this venue:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DoN's/Line Manager's Title and Full Name:			
DoN's/Line Manager's email:			
DoN's/Line Manager's Phone Number: (include area code)	()	DoN's /Line Manager Role:	
Topics for which supernumerary integrated professional practice will be facilitated by the venue:	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)		
Director of Nursing or Line Manager Signature:			Date:

4. Clinical Supervisors (Students must have 2 Supervisors)

Clinical Supervisor 1 (Primary supervisor). Signing this form confirms that you will be available to supervise the student during the placement topic.

Supervisor's Full Name Including Title:		
Topic(s) to be Supervised: (please tick)	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)	
Position and Role Title:		
AHPRA Registration number:		
Service / Department:		
Supervisor's Signature:		Date:

Clinical Supervisor 2 (Secondary supervisor) Signing this form confirms that you will be available to supervise the student during the placement topic.

Supervisor's Full Name Including Title:		
Topic(s) to be Supervised: (please tick)	<input type="checkbox"/> NURS9027 Integrated professional practice 1 (150 hours over the semester) AND/OR <input type="checkbox"/> NURS9029 Integrated professional practice 2 (150 hours over the semester)	
Position and Role Title:		
AHPRA Registration number:		
Service / Department:		
Supervisor's Signature:		Date:

5. Student Declaration.

Signing this form confirms that the clinical venue and supervisors have not changed from the original SIPP form submitted on admission to the course.

Applicant's Signature:		Date:
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Submitting This Form - Please upload this form to [INPLACE](#). No later than four (4) weeks before the start date of the placement topic (NURS9027 or NURS9029).

Failure to complete all placement compliance requirements at least four weeks prior to the start date of a placement topics will result in withdrawal from the topic.