

Work Integrated Learning Placement Confirmation Form:

NURS8761 Acute Mental Health Nursing Practice

Student Details							
Flinders Student ID:				Telephone			
				Number:			
Family Name:				Given Name(s):			
Email Address:							
Are you a Graduate Nurse/undertaking the placement as part of your ON Nurse program?			our Grad	☐ Yes ☐ No			
Placement Topics: NURS8761 Acute Mental F setting. Students undertaking a pla	cement wit	h their employer are re	equired to sho	ow evidence that			
will support the completio Employer confirmation N							
Clinical Manager's Name:							
Clinical Manager's Phone Number: (include area code)		()					
Clinical Manager Email:							
Ward/Area (be specific):							
Organisation's Name in full:							
Is student employed at this venue?		☐ Yes ☐] No				
Organisation's Street Addres	s:						
Proposed placement dates:							
agree that the required support ourse within this workplace (p) Provide the required numbe Allocate or assist with the ch Supervision in and assistance Provide guaranteed support	lease tick): r of placeme oice of prece with acquis	nt hours in an acute inpar eptor(s) in the clinical area ition of clinical skills	tient mental he		rience pla	acement components of	the
Clinical Manager's Signature (or equivalent)				Date:			
Student's Signature:				Date:			
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Scan and attach the form to INPLACE.