



Student Details			
Flinders Student ID:		Telephone Number:	
Family Name:		Given Name(s):	
Email Address:			

Placement Topics:

NURS8823 Clinical Practice for Child and Family Health Nursing - 10 days of early childhood and 10 days of broader service in Primary Health Care.

Students undertaking a placement with their employer are required to show evidence that their employer/host venue will support the completion of the clinical practice components of the topic.

Employer confirmation NURS8823 Clinical Practice for Child and Family Health Nursing	
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 the student employed at this venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organisation's Street Address:	
Proposed placement type	<input type="checkbox"/> Early Childhood (0-5 years old) <input type="checkbox"/> Primary Health Care
Proposed placement dates:	From: To: Total of: days

I agree that the required support will be provided to the applicant to undertake the professional experience placement components of the course within this workplace (*please tick*):

- ☐ Provide the required number of placement hours
- ☐ Allocate or assist with the choice of preceptor(s) in the clinical area
- ☐ Supervision in and assistance with acquisition of clinical skills
- ☐ Provide guaranteed support for the entirety of the agreed placement duration.

Clinical Manager's Signature: (or equivalent)		Date:	
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Student's Signature:		Date:	
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Submitting your form:

Scan and attach the form to your Self-Placement application on INPLACE.