| Student Details |  |  |  |
| :--- | :--- | :--- | :--- |
| Flinders Student ID: |  | Phone Number: |  |
| Family Name: |  | Given Name(s): |  |
| Email Address: |  |  |  |

## Topic Placement

## CRITICAL CARE

1. NURS8741 Professional Experience in Resuscitation Across the Lifespan (PEP) (offered in Semesters One \& Two) - 24 x 8-hour shifts (192 hours)
2. NURS8743 Critical Care Nursing Practice (PEP) (offered in Semester 2) - $24 \times 8$-hour shifts (192 hours)

## EMERGENCY

1. NURS8750 Emergency Nursing Practice 1 (PEP) (offered Semester 1) - 192 hours
2. NURS8752 Emergency Nursing Practice 2 (PEP) (offered Semester 2) - 192 hours

Students must be employed in the clinical specialist setting to complete the placement topic

Students are required to show evidence that their employer will support the completion of the clinical practice components of the topic.

| Employer Confirmation |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Clinical Manager's Name: |  | Clinical Manager's Phone <br> Number: |
| Clinical Manager's Email: |  |  |
| Organisation's Name in full: |  |  |
| Ward/Area | $\square$ Yes |  |
| Is the student employed at this <br> venue? | $\square$ No |  |
| Organisation's Street Address: |  |  |
| Proposed placement dates: |  |  |

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):
$\square$ Provide the required number of placement hours in the designated nursing environment.
$\square$ Allocate or assist with the choice of preceptor(s) in the clinical area.
$\square$ Supervision and assistance with the acquisition of clinical skills
$\square$ Provide guaranteed support for the entirety of the agreed placement duration.

| Clinical Manager's Signature: |  | Date: |  |
| :--- | :--- | :--- | :--- |


| Student's Signature: |  | Date: |  |
| :--- | :--- | :--- | :--- |

Attach the completed form to INPLACE.

