

**College of Nursing & Health Sciences**  
**Work Integrated Learning Placement Form:**  
**Community 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 Grad Nurse program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Placement Topics:**

**NURS9542 Counselling in Mental Health Nursing Practice (Semester 2)** - 200 hours in community mental health setting.

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 NURS9542 Community Mental Health Nursing Practice (Semester 2)	
Clinical Manager's Name:	
Clinical Manager's Phone Number: <i>(include area code)</i>	(    )
Clinical Manager Email:	
Ward/Area (be specific):	
Organisation's Name in full:	
Is student employed at this venue?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)*:

- Provide the required number of placement hours in community mental health setting
- 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: <i>(or equivalent)</i>		Date:	
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Student's Signature:		Date:	
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Scan and attach the form to INPLACE.

