

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

Placement Options (Please tick your placement type):

- OPTION 1** – You are employed in aged care and will undertake your placement with your employer.
- OPTION 2** – You are NOT employed in aged care and require Flinders University to organise your placement in South Australia.
- OPTION 3** – You are NOT employed in aged care and have negotiated a placement with a suitable venue.

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

Employer Confirmation			
Clinical Manager's Name:			
Clinical Manager Email:		Clinical Manager's Phone Number:	()
Organisation's Name in full:			
Ward/Area			
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 below support will be provided to the applicant while on placement

- Provide 10 days of placement in an aged care environment
- 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:		Date:	
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Applicant's Signature:		Date:	
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Upload the completed form to [INPLACE](#).