

College of Nursing and Health Sciences Work Integrated Learning Placement Form: Paediatrics

Student Details			
Flinders Student ID:	Phone	Number:	
Family Name:	Given	Name(s):	
Email Address:			
NURS8829 Paediatric days per week for ten	Nursing Practice (PEP) (offered in Semester Two) – 22: veeks.	5 hour (30 days	s) clinical placement undertaken three
days per week for ten 21 days in Acute Paedi 6 days in a highly spec 3 days with a CPC or N	veeks. atric Environment alised paediatric environment (i.e. PED or PICU) urse Practitioner		
days per week for ten 21 days in Acute Paedi 6 days in a highly spec 3 days with a CPC or N tudent must be employed in tudents are required to show e	veeks. atric Environment alised paediatric environment (i.e. PED or PICU)	cement topic	

Employer confirmation					
Clinical Manager's Name:					
Clinical Manager's Role:					
Ward/Area					
Organisation's Name in full:					
Clinical Manager's Phone Number: (include area code)	()				
Clinical Managers Email Address:					
Is student employed at this venue?	□ Yes	□ No			
Organisation's Street Address:					
Proposed placement dates:					
I agree that the required support will be procourse within this workplace (please tick):	vided to the appli	cant to undertake the	professional exp	erience placement component:	s of the
\square Provide the required number of placement	nt hours in the de	signated nursing envir	onment		
$\hfill\square$ Supervision in and assistance with acquisi	ition of clinical ski	lls			
\square Provide guaranteed support for the entire	ety of the agreed	placement duration			
Clinical Manager's Signature: (or equivalent)			Date:		

Scan and email the completed form to $\underline{cnhs.placements@flinders.edu.au}\;.$

Applicant's Signature:

Date: