

| 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:

NURS8761 Acute Mental Health Nursing Practice (Semester 1) - 200 hours in an acute inpatient 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 NURS8761 Acute Mental Health Nursing Practice (Semester 1) | |
|--|--|
| 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 an acute inpatient 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: | |
|----------------------|--|-------|--|

Scan and attach the form to INPLACE.

