



College of Nursing & Health Sciences
Work Integrated Learning Placement Form

Placement Topic: NURS8722 Clinical Care in Community Nursing: 5 days in a General Practice or Community Nursing environment

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

Placement requirements

Students are required to negotiate their placement with a General Practice or Community nursing environment (not in their usual place of employment).

Students are required to show evidence that the host venue will support the completion of the clinical practice components of the topic. It is essential that this section be signed by your host venue/clinical manager before submitting this form.

Clinical venue confirmation			
Clinical Manager's Name:			
Clinical Manager's Role:			
Clinical Manager's Phone Number: <i>(include area code)</i>	()	Clinical Manager Email:	
Organisation's Name in full:			
Is student employed at this venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Organisation's Street Address:			
ABN (Private organisation only):			
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 5 days of clinical placement in a general practice or community nursing environment
- 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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Upload the completed form to INPLACE.

