

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

## Diabetes Management and Education NURS8732 Diabetes Practicum – Non Semester 2

Student Details					
Flinders Student ID:				Phone Number:	
Family Name:				Given Name(s):	
Email Address:					
Placement Requirements					
	should be in neet ADEA ac	a large diabete creditation.	s centre which		tional placement in a Diabetes Centre linary education for people with type 1,
☐ I have organised my ov	_				
Clinical Venue Support					
Clinical Manager's Name:					
Clinical Manager's Role:					
Clinical Manager's Phone Numbe (include area code)	r: (	)		nical Manager nail:	
Ward/Area					
Organisation's Name in full:					
Organisation's Street Address:					
Proposed placement dates:					
ourse within this workplace (please  Provide 40 hours in total of obser Allocate or assist with the choice	e tick): rvational plac of preceptor h acquisition	cement in a Dial r(s) in the clinica of clinical skills	petes Manage Il area using the com	ment and Education	environment PEP Record, Blood Glucose Accreditation
Clinical Manager's Signature: (or equivalent)				Date:	
Student's Signature:				Date:	

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