

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

Student Details			
Flinders Student ID:		Phone Number:	
Family Name:		Given Name(s):	
Email Address:			
	<u>.I.</u>		
8-hour shifts (192 ho 2. NURS8743 Critical Co  EMERGENCY 1. NURS8750 Emergence	onal Experience in Resuscitation Across the Lours) are Nursing Practice (PEP) (offered in Semes cy Nursing Practice 1 (PEP) (offered Semeste cy Nursing Practice 2 (PEP) (offered Semeste	eter 2) – 24 x 8-hour shif	
	yed in the clinical specialist setting to co		
Clinical Manager's Name:			
Clinical Manager's Email:		Clinical Manager's Phor Number:	ne ( )
Organisation's Name in full:		I	
Ward/Area			
Is the student employed at this venue?	☐ Yes ☐ No		
Organisation's Street Address:			
Proposed placement dates:			
course within this workplace (pleas  Provide the required number of Allocate or assist with the choice Supervision and assistance with	placement hours in the designated nursing e e of preceptor(s) in the clinical area.	nvironment.	ence placement components of the
Clinical Manager's Signature:		Date:	
Student's Signature:		Date:	

Attach the completed form to INPLACE.