



# INTERSTATE STUDENT PLACEMENT REQUEST FORM

This form is intended for use by an individual student from a Non-Victorian Education Provider, requesting a placement at UMHCS. Education providers seeking placements for multiple students should complete the *Education provider placement request form*; staff seeking permission to supervise a student should complete the *Staff member request to supervise students form*.

Please return completed form to:

Fiona O'Toole  
Clinical Nurse Educator  
PO Box 200, Corryong, VIC, 3707  
fionao@umhcs.vic.gov.au  
(02) 60 763269

### Student/applicant details

Title		Surname		Given Name/s	
<b>Postal address</b>					
Street					
Suburb		State		Post code	
Work phone		Home phone			
Mobile phone		Email			

### Details of placement request

<b>Education provider details</b>			
Educational institution name			
Educational institution address			
<b>Education provider placement coordinator details</b>			
Name			
Phone number			
Email			
<b>Placement requirements</b>			
Course			
Discipline		Year level	
Focus of clinical placement (this should cover the types of activities the learners might be expected to undertake on placement while at [health service name]. Do <b>not</b> list the placement learning objectives)			
Preferred start date			
Preferred length of placement (or finish date)			
Preferred number of placement hours per week			
<b>Mandatory requirements</b> <i>(Evidence will be required prior to commencement of placement)</i>			
Do you have a current police check?			
Do you have a current working with children check?			
Are your immunisation(s) current?			

This margin is for binding only. Please do not write in here.

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## Certification of applicant

I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that, if my application is successful, I will be liable to dismissal if any of the statements in my application are found to be deliberately misleading.

Applicant Name (please print)	
Signature	
Date	

## Internal use only

Application reviewed by	
Reviewer name	
Review phone number	
Reviewer email	
Outcome of review	
Accepted/Declined	
Justification if declined	
Date applicant notified	
Confirmed placement start date	
Confirmed placement end date	
Signature of reviewer	
Date	

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