|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Thank you for your interest in completing student placement at Grampians Community Health - on receipt of your application the Student Placement Coordinator will contact you to discuss your application** | | | | | | | |
|  | | | | | | | |
| **Student details** | | | | | | | |
| **Full name** |  | | | | **Gender** |  | |
| **Mailing address** |  | | | | | | |
| **Email address** |  | | | | | | |
| **Contact phone number** |  | | | | | | |
| **Current occupation** |  | | | | | | |
|  | | | | | | | |
| **Placement request details** | | | | | | | |
| **Type of placement** | \*\*Clinical | | | General | | | |
| **Field of study/course** |  | | | | | | |
| **Year level of study** |  | | | | | | |
| **Hours of placement required** |  | | | **Over how many weeks** | | |  |
| **Education provider** |  | | |  | | |  |
| **Education provider Placement Coordinator name** | |  | | | | | |
| **Placement Coordinator contact details phone** | |  | | | | | |
| **Placement Coordinator contact details email** | |  | | | | | |
| **Preferred placement dates** |  | **to** |  | | | | |
| **Preferred work days** | Mon  Tues  Wed  Thurs  Friday | | | | | | |
| **\*\* Clinical placement** – is organised via Placeright, and the education provider must be registered with Placeright | | | | | | | |