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| **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 |