the children's hospital at Westmead

Overseas and Interstate Student Nurse Placement Details

Name of Student _____

University _____

Placement dates _____

Ward of Placement _____

Summary of University Placement requirements

Students Personal Placement Objectives

Name

Postal Address

Student E-mail

Student Home Phone Number

For Office Use only

Date of request	In Principal Placement Offered?	Package Sent?	University Supervisor Contact