

NSW Student Nurse Placement Details

**Name of Student :** \_\_\_\_\_

**University:** \_\_\_\_\_

**University Contact Details:**

\_\_\_\_\_  
\_\_\_\_\_

**Placement dates:** \_\_\_\_\_

**Summary of University Placement requirements**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Students Personal Placement Objectives**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name

Postal Address

\_\_\_\_\_  
\_\_\_\_\_

Student E-mail

Student Home Phone Number

\_\_\_\_\_

For Office Use only

<b>Date of request</b>	<b>In Principal Placement Offered?</b>	<b>Package Sent?</b>	<b>University Supervisor Contact</b>