



Student Placement Application Form

NDCH receives a high number of requests for student placements annually. Each application is considered on whether the Service can offer the student a placement that is appropriate to their course learning, the capacity of the Service to make the placement worthwhile for the student, and the commitment of time of the supervising staff.

STUDENT DETAILS		
First Name:	Last Name:	I identify my gender as:
Address:		
Suburb:	Postcode:	
Phone:	Email:	
I prefer to be contacted by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Emergency Contact:	Phone:	
COURSE DETAILS:		
Name of learning institution:	Faculty:	
Course name and year level:		
Placement coordinator's name:	Phone:	
Placement coordinator's email:		
PLACEMENT DETAILS:		
Length of placement you are applying for (i.e. hours/days/weeks):		
What is your preferred program area (e.g. nursing, podiatry)?		
What skills/outcomes do you need to gain from a student placement?		
Please outline any specific supervision requirements you need.		

APPLICANT INTERVIEW:

NDCH requires applicants for student placements to participate in an interview as part of the application process. Please give some indication as to the day and times you are available to do this:

	Monday	Tuesday	Wednesday	Thursday	Friday
Between 9am – 5pm					

CHECKS:

In the event that you are successful in obtaining a placement with NDCHS, it is important that we are provided with a copy of your relevant safety screening checks prior to the placement commencing.

This includes:

- Police Check (no older than 6 months);
- A current Working with Children Check (if applicable);
- If you have lived overseas for more than 12 months in the last 10 years, or been a citizen or permanent resident of any country other than Australia since the age of 16, you will also need to obtain an International Police Check for the country in which you lived.

PRIVACY STATEMENT:

I understand and agree to NDCH retaining personal information about me for the purposes of making contact with me. I understand that personal information retained by NDCHS will be kept in a safe and secure manner in compliance with the agency's policies and procedures and the Health Records Act 2001 (Vic).

I have read and agree with this statement:

Signature of applicant:

Date: / /