



GRACE HOSPITAL

October 4, 2005

Dear

Thank you for your interest in having student clinical experience at the Grace Hospital. Before we can respond to your request, please provide the following information:

Nursing School:

Name: _____

Address: _____

Type of Program: RN BN (University Degree)

Clinical Request:

Specific dates of experience: _____ to _____

of shifts required: _____ 8 hr shifts
_____ 12 hr shifts

Willingness to work: Days Evenings Nights
 Weekends

Previous Experience:

Indicate the areas in which you have had nursing experience and the length of experience:

- | | |
|---|--|
| <input type="checkbox"/> Medicine _____ | <input type="checkbox"/> Long-term Care _____ |
| <input type="checkbox"/> Surgery _____ | <input type="checkbox"/> Palliative Care _____ |
| <input type="checkbox"/> Emergency _____ | <input type="checkbox"/> Cancer Care _____ |
| <input type="checkbox"/> Intensive Care _____ | |

Current Request:

What year of the program will you be in at the time you are requesting _____

What is the expiry date of the CPR certification _____

What clinical care are you requesting in order of priority:

- | | |
|----------------------|-----------------------|
| _____ Medicine | _____ Long-term Care |
| _____ Surgery | _____ Palliative Care |
| _____ Emergency | _____ Cancer Care |
| _____ Intensive Care | |

What specific learning experiences do you need to have in the clinical placement?

Does your school provide the following coverage for you during this clinical rotation?

- Workplace injury insurance
- Liability insurance

The hospital will require a contract with your school for the time you are here and will not accept students without the above coverage.

Priority is given to students from the University of Manitoba and Red River College. Upon receipt of the above information we will try to accommodate your request as able.

Thank you



Jeannette Rewucki RN, BScN, MN
Director
Education Resources

JR/sr