



This form should be filled out by the person who arranges clinical placements, it should not be filled out by students.

Instructions for filling out the form electronically:

Hint: To save you some typing, fill out the top half of the form (all pertinent contact information) and save the file to your hard drive (any directory except the temp directory). Then fill out the remainder of the form and resave the form with a different name.

On the following page is a Student Placement Request Form. Please fill in as much information as possible. To get to each “field” press the **Tab** key on the keyboard. To go back to the previous field, hold down **Shift** and press the **Tab** key. To enter an “x” in the box, click on the box with your mouse or press the space bar. Don’t worry if the document extends to an additional page. If you have additional comments to make, you can add them to the end of the document.

Once you have entered the information, save the file to your hard drive (any directory except the temp directory), then attach the file to an e-mail and e-mail it back to me (srothwel@ggh.mb.ca). Alternatively you can print it off and fax it to 837-0406. If you have any problems with this form, please call Sherri Rothwell at 837-0346.

Press Tab now to go directly to the first field in the document.

STUDENT PLACEMENT REQUEST FORM



GRACE HOSPITAL

Name of Educational Institution: _____

Location (if outside Winnipeg): _____

Type of program: HCA HUC BN JBN BScPN DNA

RN Refresher PN PN Refresher Other _____

What year are the students: 2nd 3rd 4th Senior Practicum

Placement contact info:

Name: _____ E-mail: _____

Phone number: _____ Fax number: _____

Mailing address: _____

Instructor contact info:

Name of instructor: _____

Work phone: _____ Cell phone: _____ Home phone: _____

Fax number: _____ E-mail: _____

Will the instructor be on-site at all times during the student placement? yes no*

*If no, please provide details on how often the instructor is available on-site, how we should contact the instructor in the event of emergency, etc. _____

Are preceptors or buddies required? yes no

What shifts are students able to work (check all that apply): Days Evenings Nights Weekends

Name of Student(s) or # of Placements Requested	Start Date Required	End Date (or # of hours)	Ward(s) Preferred	Day(s) of Week/Times Required (E.g.: M-F 0730 – 1330)

Additional comments: _____

Please complete this information and fax to Educational Resources at (204) 837-0406 or email strothwel@ggh.mb.ca. Have questions? Call Sherri Rothwell at (204) 837-0346.