

ANNEXURE A
CLINICAL PLACEMENT REQUEST
FORM



SA Health
Adelaide, SA, 5000

Clause 5.2

To be jointly completed and agreed by the Institution and the Host in accordance with clause 5.2 of the Clinical Placement Partnership Agreement.

ITEMS	DESCRIPTION
1. Minister	Minister for Health and Wellbeing, a body corporate pursuant to the <i>Administrative Arrangements Act 1994</i> of Level 9, 11 Hindmarsh Square, Adelaide, South Australia 5000
2. Institution	Insert Institution's Legal Name Insert Institution's ABN
3. Profession	Choose a profession
4. Number of Students	Insert number of Students
5. Number of shifts / hours	Insert number of shifts / hours per Student
6. Dates	Start: Click here to enter a date. End: Click here to enter a date.
7. Host name	Choose a LHN
8. SA Health Facility	Insert the SA Health Facility
9. Type	Insert details of the nature or type of Clinical Placement to be provided
10. Contributions	Insert details of any Contributions
11. Learning Objectives	Insert details of the Learning Objectives
12. Clinical Supervision	Insert details of Clinical Supervision arrangements
13. Resources	Insert details of any Resources, assessment protocols or Student key performance indicators in relation to the Clinical Placement
14. Exchange of information	Insert details of protocols for exchange of information between the Host and the Institution on the Learning Objectives, assessment, knowledge and proficiency level of the Students

<p>15. Course Coordinator/s</p>	<p>Name: Insert name Position: Insert position Phone: Insert phone Email: Insert email Fax: Insert fax Address: Insert address</p>
<p>16. Host Coordinator/s</p>	<p>Name: Insert name Position: Insert position Phone: Insert phone Email: Insert email Fax: Insert fax Address: Insert address</p>
<p>17. Emergency contact</p>	<p>Name: Insert name Position: Insert position Phone: Insert phone Email: Insert email Fax: Insert fax Address: Insert address</p>
<p>18. Additional information</p>	<p>Insert any additional information</p>

By signing this Clinical Placement Request, the Host Offers, and the Institution accepts, for the Minister to provide the Clinical Placements detailed above, subject always to the terms of the Clinical Placement Partnership Agreement made between the Minister and the Institution, under which this Clinical Placement Request has been made, Offered and agreed.

<p>REPRESENTATIVE FOR INSTITUTION</p>	
<p>Signature:</p>	<p>Telephone:</p>
<p>Name:</p>	<p>Fax:</p>
<p>Position:</p>	<p>Email:</p>
<p>Address:</p>	<p>Date:</p>

REPRESENTATIVE FOR HOST HOSPITALS/HEALTH SITES	
Signature:	Telephone:
Name:	Fax:
Position:	Email:
Address:	Date: