Please type your application & include your name and school in the file name.
Email completed request form to your Academic Placement Coordinator.

**Note that this form will be shared with SickKids educators and potential preceptor(s) as part of the placement request process.**

**Applicant’s Personal Profile**

|  |  |
| --- | --- |
| **Legal Name****First Name:** Click here to enter text.**Middle Name:** Click here to enter text.**Last Name:** Click here to enter text. | **Preferred Name:** Click here to enter text.**Salutation:** Choose an item.**Telephone:** Click here to enter text.**Email:** Click here to enter text. |
| **Placement Coordinator** |  | **Academic Institution** |
| **Name:** Click here to enter text.**Email:** Click here to enter text.**Telephone:** Click here to enter text. |  | **School Name:** Click here to enter text.**School Address:** Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Applicant’s Academic Profile** |  |  |
| **BScN (4yr):** [ ]  3rd [ ]  4th **BScN (2yr):** [ ]  1st [ ]  2nd **RPN to RN bridging: [ ]** **RN Refresher: [ ]**  |  |  |

**Duration of Placement -** please specify exact start and end dates

|  |  |  |
| --- | --- | --- |
| **Start Date:** Click here to enter a date. |  | **End Date:** Click here to enter a date. |

**Total Hours of Clinical Placement** Click here to enter text.

**Total hours per week:**  Click here to enter text.

**Placement days for clinical:** [ ] M [ ] T [ ] W [ ] T [ ] F

**Applicant’s Clinic Placement Preferences** please indicate your 1st, 2nd and 3rd choice only

**1.** Choose an item.

**2.** Choose an item.

**3.** Choose an item.

**Additional Information** please check as many boxes as applicable

**Previous or Current Employment, Volunteer or Academic Experience at SickKids:**[ ]  Clinical Extern [ ]  Unit Clerk [ ]  Volunteer [ ]  Research Student [ ]  Nursing Student Placement

[ ] Other
**If applicable, specify year of above listed experiences & departments:** Click here to enter text.

**Prior Paediatric Experience:****[ ]** Employment [ ] School Rotation
**Where/When:** Click here to enter text.

**Current Certification:**[ ] RPN [ ] Other:Click here to enter text.

**SickKids Bursary Award Recipient:
[ ]  No**  [ ]  Yes
**If yes, when:** Click here to enter text.

**Outline your interest in a pediatric placement**

Click here to enter text.

**Identify your past work, life, volunteer and/or academic experiences that are relevant to the placement that you are applying for**

Click here to enter text.

**List your learning objectives for this placement**

Click here to enter text.

**Outline how you could contribute to SickKids’ culture of equity, diversity and inclusion?**

Click here to enter text.

**Identify your previous clinical placements**

Click here to enter text.

**Outline how you can contribute to advancing SickKids’ culture of equity, diversity and inclusion?**

Click here to enter text.

|  |
| --- |
| **To be completed by academic placement coordinator**I have reviewed this application and confirm that the applicant’s choice for placement meets the requirements for the course. The student has strong academic and clinical performance (a minimum of a B average).**Name of Placement Coordinator:** Click here to enter text.Please email completed form to**nursing.studentplacements@sickkids.ca** |