Please type your application & include your name and school in the file name

Email completed request forms to your Academic Placement Coordinator

**Note that this form will be shared with SickKids educator 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 (Ms., Mr., Mx.):** Click here to enter text.  **Email:** Click here to enter text.  **Telephone:** Click here to enter text. |
| **Placement Coordinator** |  | **Academic Program** |
| **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 Program** |  |  |
| **MN: Clinical**  **MN: Admin**  **MScN:**  **NP: Adult**  **Paediatrics**  **PHC**  **Other:** Click here to enter text. |  | **Year in the program**  **1st year**  **2nd year** |
|  |  |  |

**Duration of Placement -** Specify exact start and end dates. If unknown, enter semester start and end date.

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

**Are you flexible about your clinical days?** Click here to enter text.

**Total Hours of Clinical Placement**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  |  |

**Requested Preceptor**

For placements greater than 250 hours you clinical hours may need to be divided between 2 preceptors based on the availability of the preceptor. If an NP student is being preceptored by a physician, please indicate that you are seeking an NP advisor.

Click here to enter text.

**Additional Information**

**Have you been in contact with the requested preceptor(s)?** Yes  No

**Prior Paediatric Experience:** Yes  No   
**Where/When:** Click here to enter text.

**Current Employment at SickKids:**Yes No

**Department & Role:** Click here to enter text.

**Previous employment, volunteer or academic experience at SickKids?**

**If applicable, specify year and department:** Click here to enter text.

**Outline your specific interest in the practice area that you are applying for. This form will be forwarded to the preceptor for consideration.**

Click here to enter text.

**Identify three objectives that you hope to meet during this clinical placement. Please consider your course requirements.**

Click here to enter text.

**Identify the relevance of your placement request to your overall learning plan and professional development goals**

Click here to enter text.

**List clinical placements already completed as part of your Graduate Nursing Program**

Click here to enter text.

|  |
| --- |
| **For Academic Placement Coordinator/ Faculty Advisor Use Only**  **I have reviewed this application and confirm that the applicant’s choice for placement meets the requirements for the course.**  **Name of Placement Coordinator:** Click here to enter text.  **Please email completed form to** [**nursing.studentplacements@sickkids.ca**](mailto:nursing.studentplacements@sickkids.ca) |