

Graduate Diploma in Mental Health Nursing (IGMG)

WORK PLACEMENT DETAILS FORM

STUDENT DETAILS			
Given Name		Surname	
Student ID		Phone Number	
I am studying	full-time / part-time (please circle)	Average work hours per fortnight	
Employer Organisation Name			

PLACEMENT DETAILS

<input type="checkbox"/> I acknowledge that I must complete a minimum of 120 hours of clinical placement in BOTH an Inpatient Mental Health AND a Community Mental Health setting.
<input type="checkbox"/> I have reviewed course information and am aware of the clinical placement requirements and dates for the Graduate Diploma in Mental Health Nursing.
<input type="checkbox"/> I have discussed the clinical placement requirements and dates with my employer.
<input type="checkbox"/> My employer will arrange for me to be assigned to wards that enable me to meet these requirements.
<input type="checkbox"/> My employer has given me approval to undertake a work placement for:

Placement Course	Work Placement Approved (Paid Placement)	Venue & Ward Name	Ward Experience	Work-Place Rotation Dates (between 1/2/24 – 1/11/24)
NURS5158 Consolidation of Mental Health Nursing (CoMHN)	Yes / No		Inpatient	
	Yes / No		Community	
Facilitator Details	Venue Facilitated / UniSA Facilitator Required (please circle)	Facilitator Name / Email (if venue facilitated)		

STUDENT DECLARATION SECTION

<input type="checkbox"/> I declare that the information provided above is true and correct.			
<input type="checkbox"/> I understand that if I cannot complete both, the inpatient and community activities in a work placement approved setting, the University will arrange for me to undertake an unpaid placement during the scheduled placement time.			
Student Signature		Date	

EMPLOYER DETAILS SECTION

Manager's Name		Manager's Position	
Manager's Telephone Number		Manager's email address	
As the employer, I acknowledge the applicant will complete their Post Graduate Mental Health Nursing placements as part of their work roster during the above dates.			
Manager's Signature		Date	

Note: This form must be completed in its entirety and uploaded to your InPlace Self-Placement before your PebblePad workbook will be released to you.