

Graduate Diploma in Mental Health Nursing (IGMG) WORK PLACEMENT DETAILS FORM

| STUDENT DETAILS | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|----------------------|---------------|-------------------|---------------------------------------------------------------|
| Student First Name | Student I | | | ent Last Name | | |
| Student ID | | Telephone Num | | | • | |
| I am studying | ☐ Full-Time | ☐ Part- | Time | | | |
| Employer Organisation Name | | | | | | |
| Average Number of | • | | | | | |
| fortnight PLACEMENT DETAILS | | | | | | |
| ☐ 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. | | | | | | |
| ☐ I have reviewed the course information and am aware of the clinical placement requirements and dates for the Graduate Diploma in Mental Health Nursing. | | | | | | |
| ☐ I have discussed the clinical placement requirements and dates with my employer. | | | | | | |
| ☐ My employer will arrange for me to be assigned to wards that enable me to meet these requirements. If this is not possible, I understand that the University will arrange for me to undertake a Supernumerary (unpaid) placement during the scheduled placement time. | | | | | | |
| ☐ My employer has given me approval to undertake a work placement for: | | | | | | |
| Placement Course | Work Placement Approved (Paid Placement | Venue | Venue & Ward Name | | Ward operience | Work-Place Rotation (between 01/02/2024 and 01/11/2024) |
| NURS5158 Consolidation of Mental Health Nursing (CoMHN) | Yes / No | | | ı | npatient | |
| | Yes / No | | | Co | ommunity | |
| STUDENT DECLARATION SECTION | | | | | | |
| ☐ I declare that the information provided above is true and correct. | | | | | | |
| Student Signatu | re | | | | Date | |
| EMPLOYER DETAILS SECTION | | | | | | |
| Manager's Nam | e | Manag | | Manager's I | Position | |
| Manager's Teleph Number | | | Manager's email addr | | | |
| 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 Signat | ure | | | | Date | |

Note: This form must be completed in its entirety and uploaded into the University's Student Placement System, InPlace, before your PebblePad workbook can be released to you.