

## Appendix 4. Sample Practice Placement Enquiry Form<sup>1</sup>

### PRACTICE PLACEMENT ENQUIRY FORM

#### STUDENT CONTACT DETAILS

NAME:

ADDRESS:

PHONE(S):

EMAIL:

DATE OF BIRTH:

#### EDUCATIONAL INSTITUTION DETAILS

INSTITUTION NAME

CONTACT AT INSTITUTION:

CONTACT DETAILS:

**COURSE ENROLLED IN AND STAGE OF PROGRESS:** (to include Course Outline, the aims and objectives of the placement)

**AREAS OF INTEREST:** (to include the essential and desirable experiences and associated learning/development objectives to be achieved by the end of the placement)

**LENGTH OF PLACEMENT** (days per week over what period of time?)

DATE OF PLACEMENT: \_\_\_\_\_ until \_\_\_\_\_

Day/s and hours required and availability of student

<sup>1</sup> Provided by the Samaritans Foundation Newcastle, NSW. In Mental Health Coordinating Council 2013, Practice Placement Guide: Mental Health Workforce Professional Entry Practice Placements in the NSW Community Managed Mental Health Sector, MHCC, Sydney.

**SUPERVISION:** (to include level of supervision required, requirements of supervisor, qualification requirements of supervisor)

Any previous involvement with **[insert organisation]**'s services (either directly or with a family member?)

Yes  No

If yes, please explain

Is there any injury or illness that **[insert organisation]** needs to be aware of to provide further support or which may prevent the student from meeting the requirements of the placement?

Yes  No

If yes, please explain

Is the student willing to work within the Mission, Vision and Values of **[insert organisation]**?

Yes  No

Copy of Criminal Record Check received (please note, this is compulsory prior to placement commencing).

Yes  No

Copy of "*Working With Children*" Check or declaration received (please note, this is compulsory prior to placement commencing).

Yes  No