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 (Ms., Mr., Mx.):** Click here to enter text.  **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.

**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**](mailto:nursing.studentplacements@sickkids.ca) |