|  |  |  |
| --- | --- | --- |
| **Placement Coordinator** |  |  |
| **Name:** Click here to enter text.**Email:** Click here to enter text.**Telephone:** Click here to enter text. |  |  |

 **Group Profile**

|  |  |  |
| --- | --- | --- |
| **Name of Academic Institution:** Click here to enter text. |  |  |
| **Academic Profile:****BScN 4yr** **[ ]** 3rd [ ] 4th **BScN 2yr** **[ ]** 1st [ ] 2nd **RPN to RN bridging** **[ ]**  |  | **Number of Students in Group** **Duration of Group Placement:** **Start Date:** Click here to enter a date.**End Date:** Click here to enter a date. |

**If applicable, please indicate the placement days per week:** [ ] M [ ] T [ ] W [ ] T [ ] F [ ] S [ ] S

**Total hours per week:** Click here to enter text.

**Shift Length: **

**Additional Information:**

Click here to enter text.

**Group Unit Requests***Please indicate your 1st, 2nd and* 3rd choice only in the boxes below

1. Choose an item.
2. Choose an item.
3. Choose an item.

**\*** Please submit one request form per student group.
\*\*Please submit applications by email to **nursing.studentplacements@sickkids.ca**