|  |  |  |
| --- | --- | --- |
| **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**