Type your application & include your name and academic institution 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:** Choose an item.  **Email:** Click here to enter text.  **Telephone:** Click here to enter text. |
| **Placement Coordinator** |  | **Academic Program** |
| **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** |  |  |
| **NICU Certificate:**  **CCU Certificate:**  **OR Certificate:**  **Cardiac Care Certificate:** |  | **Continence Certificate:**  **Ostomy Certificate:**  **Other Certificate:** Click here to enter text.  **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**

|  |  |  |
| --- | --- | --- |
| **Hours:** Click here to enter text. |  |  |

**Requested Clinical Area -** please indicate your choice from the drop down menu

**1.** Choose an item.

**2. Or** Click here to enter text.

**Additional Information** please check as many boxes as applicable

**Prior Paediatric Experience:**Employment School Rotation   
**Where/When:** Click here to enter text.

**Current Employment at SickKids:**RN Other   
**Department and Role:** Click here to enter text.

**Prior Employment, Volunteer or Academic Experience at SickKids:** RN  Volunteer  Nursing Student  Research Student  Clinical Extern

Other Click here to enter text.  
**If applicable, specify year of above listed experiences & departments:** Click here to enter text.

**Identify why you are interested in a placement at SickKids**

Click here to enter text.

**Identify your learning objectives for the placement**

1.

2.

3.

**Identify your previous work history related to your request (point form)**

Click here to enter text.

|  |
| --- |
| **Placement Coordinator/ Course Instructor/ Use Only**  I have reviewed this application and confirm that the applicant’s choice for this 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) |