

**Severn Hospice Clinical Placement Request Form**

**Thank you for your enquiry regarding your clinical placement at Severn Hospice. In order to process your request, some additional information is required. We would therefore be grateful if you could complete this form and return it to Eirian Thomas and Sue Jones**: education@severnhospice.org.uk

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| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Email** |  |
| **Address** |  |
| **Contact number** |  |

|  |  |
| --- | --- |
| **Role/Profession** |  |
| **School of Nursing** |  |
| **Address** |  |
| **Tutor’s name** |  |
| **Contact details** |  |

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| **Can you tell us why you are interested in a placement at Severn Hospice?** |
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| **What are your aims/objectives for undertaking a placement at Severn Hospice?** |
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| **Availability:****Please indicate your preferred dates for the placement (from 1-3 weeks) and whether you would prefer our Shrewsbury or Telford site.** |
| **Start: End:** |

**Placements Opportunities.**

**We have many different experiences at Severn Hospice. Here are some examples of the type of areas you may be able to visit. Although this is not an exclusive list please tick next to the ones that may be of interest to you.**

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| **Consultant Clinic** |  |
| **Severn Hospice Outreach team** |  |
| **Severn Hospice Outreach team clinic** |  |
| **Living Well** |  |
| **Coffee morning** |  |
| **Creative therapist** |  |
| **Physiotherapy** |  |
| **Lymphoedema clinic** |  |
| **Acute Palliative Care team** |  |

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| **Do you have any health issues or disabilities we should be aware of?** |
| **Yes: No:** |

**Health and Safety**

**I understand and accept that I have a responsibility to protect my own health and safety and that of others in my workplace during this placement. I confirm that as far as I am aware, I am fit and able to undertake the placement and have no health-related conditions which will harm others encountered during this placement.**

**Declaration**

**I declare that to the best of my knowledge the information I have provided is true and accurate. If I am accepted for placement, I understand that Severn Hospice will process my personal data in a confidential manner for administrative purposes, in accordance with Data Protection.**

**Name: ………………………………………………………………………………………………………………**

**Signature: ………………………………………………………………………………………………………..**

**Date: ……………**…………………………………………………………………………………………………..