

**Severn Hospice Professional Clinical Placement Request Form**

Thank you for your enquiry regarding a professional clinical placement at Severn Hospice. Please be aware that for nursing placements, we only offer short shifts of 7.5 hours due to the emotive nature of our work.

To process your request some additional information is required so we would be grateful if you could complete this form and return it at least **4 weeks** before the date of your placement request. Please send completed forms to Eirian Thomas and Sue Jones at 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 and whether you would prefer our Shrewsbury or Telford site. Including your university days as well. |
| **Start: End:****University Days:****Any other specific unavailability:**  |

**Placements Opportunities.**

We have many different experiences at Severn Hospice and below are some examples of areas you may be able to visit, although it is not an exhaustive list. Please tick next to the ones that may be of interest to you.

|  |  |
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| **Inpatient Ward** |  |
| **Nurse Led Clinic** |  |
| **Consultant Clinic**  |  |
| **Hospice at Home Nurse Practitioner** |  |
| **Hospice at Home Care Team** |  |
| **Coffee Morning** |  |
| **Creative Therapist** |  |
| **Therapy 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: ……………**…………………………………………………………………………………………………..